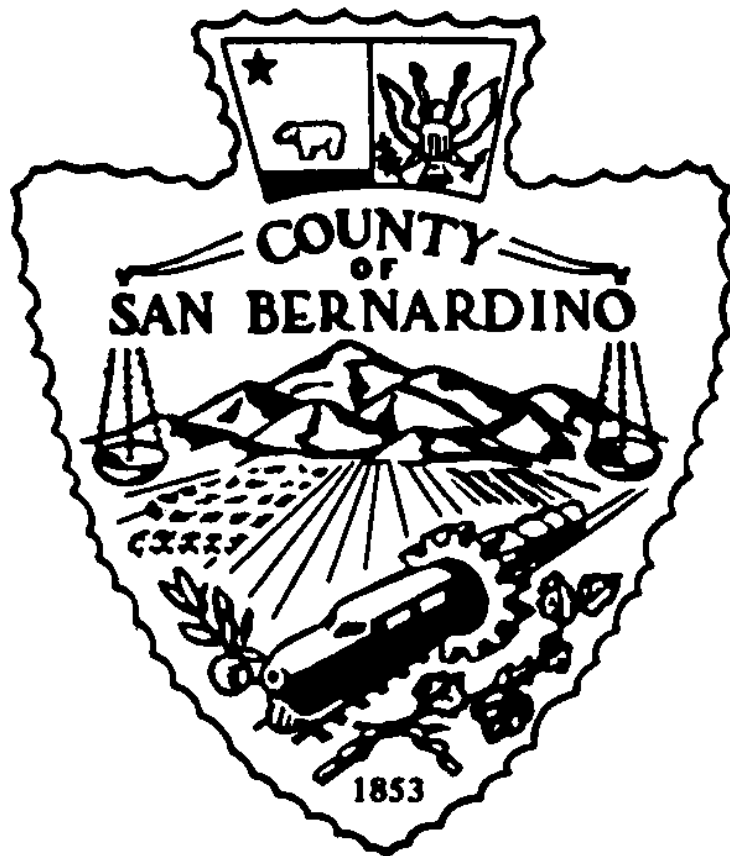


# Safety Inspection



County of San Bernardino

**SAFETY SELF INSPECTION PROGRAM**

Inspection, evaluation, and correction of hazardous conditions and/or practices in the workplace is vital in eliminating occupational illness and injury.

It is the policy of San Bernardino County to eliminate such hazards.

In keeping with the provisions of the County Occupational Injury/Illness Prevention Program, each department head shall ensure that an effective safety inspection program be implemented.

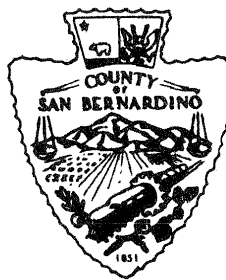
Pages through this section include inspection guidelines to be used by departments in implementing its program. Page 73 of this section includes a general Safety Inspection Checklist to be used for documentation of non-hazardous environments safety inspections.

The reverse side of Page 73 is designed so each department may include department or site specific elements on an otherwise County-wide form.

The nature of the work environment as well as illness/injury frequency or severity determines frequency and type of safety inspections. **Management shall ensure, however, that each work location is thoroughly inspected at least semi-annually.**



# **SAN BERNARDINO COUNTY**



## **INSPECTION MANUAL**

**Prepared by**

**County of San Bernardino  
Human Resources  
Risk Management Division  
Safety Section**





## SAFETY SELF INSPECTION CHECKLIST

Inspection, evaluation, and correction of hazardous conditions and/or practices in the workplace is vital in eliminating occupational illness and injury. It is the policy of San Bernardino County to eliminate such hazards.

These safety requirements have been written in the form of checklists and grouped for use by Departments in conducting required self inspections of their facilities. Checklists cover the following subjects.

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Date \_\_\_\_\_

**A. EMPLOYER POSTINGS**

		YES	NO	N/A	OTHER
1.	Is the Cal/OSHA Poster "Safety and Health Protection on the Job" displayed in a prominent location where all employees are likely to see it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are emergency telephone numbers posted where they can be readily found in case of emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Where employees may be exposed to toxic substances or harmful physical agents, has appropriate information concerning employee access to medical and exposure records, and "Material Safety Data Sheets", etc., been posted or otherwise made readily available to affected employees? Is County Hazard Communication Program implemented fully?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are signs concerning "Exiting from buildings", room capacities, floor loading, exposures to X-ray or other harmful radiation or substances posted where appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is the Industrial Welfare Commissions' poster regulating wages, hours and working conditions posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is the "Discrimination in Employment" poster displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is the "Americans With Disabilities Act" poster displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is the "Notice of Unemployment and Disability Insurance" poster displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Is the "Summary of Occupational Injuries and Illnesses" posted in the month of February?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is the "Notice of Compensation Carrier" poster displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Is the "Voting Time Off" poster displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Is the "No Smoking Warning" poster displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**B. RECORDKEEPING**

		YES	NO	N/A	OTHER
1.	Are all occupational injuries or illnesses, except minor injuries requiring only first aid, being recorded as required on the Cal/OSHA Form 200?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are employee medical records and records of employee exposure to toxic substances or harmful physical agents up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have arrangements been made to maintain required records for the legal period of time for each specific type record? (Some records must be maintained for at least 40 years).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are operating permits and records up-to-date for such items as elevators, air pressure tanks, liquefied petroleum gas tanks, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are carcinogen use reports filed with Cal/OSHA as required? (Contact Safety Department for list of regulated carcinogens).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are employee safety and health records maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is documentation of safety inspections and corrections maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are safety committee meetings and records maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**C. INJURY/ILLNESS PREVENTION PROGRAM**

	YES	NO	N/A	OTHER
1. Do you have a written, effective Injury/Illness Prevention Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a person who is responsible and has authority for overall activities of the Illness/Injury Prevention Program? Is this person identified in the written program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a system for identifying and evaluating your workplace hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you systematically correct these hazards in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you provide training in both general and specific safe work practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you encourage employee participation in health and safety matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you maintain an on-going safety training program? Do you maintain all written training documents for each employee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a system in place that ensures employees will be recognized for safe and healthful work practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are employees disciplined for willful violations or disregard of safe work practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there a system of two-way communication of safety and health concerns in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If there is no safety committee, is there a system in place for communicating safety and health concerns to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. On construction sites, is a "Code of Safe Practices" posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**C. INJURY/ILLNESS PREVENTION PROGRAM**

**YES NO N/A OTHER**

**13. Safety Meetings:**

A. For industrial shops construction areas or other high hazard work places, are "toolbox" or "tailgate" meetings conducted every 10 days or sooner? ☐ ☐ ☐ ☐

B. In other work sites (e.g., office areas, clinics, non-industrial sections of hospitals, schools, etc.), are safety meetings held at least once a month? ☐ ☐ ☐ ☐

**14. Accident Investigations (refer to Document 403, SSOM):**

A. Are all accidents investigated by the supervisor after the accidents have occurred? ☐ ☐ ☐ ☐

B. Are investigation forms completed within 48 hours of occurrence, or as soon as possible? ☐ ☐ ☐ ☐

C. Are copies of completed accident forms forwarded to the County Safety Office within 72 hours of completion? ☐ ☐ ☐ ☐

D. Is the County Safety Office notified immediately by telephone of all serious incidents involving injury/illness to more than one person, serious disabling injury/illness or death, major property damage or environmental impairment? ☐ ☐ ☐ ☐

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**D. CHEMICALS**

		YES	NO	N/A	OTHER
1.	Are employees trained in safe handling practices of hazardous chemicals such as acids, caustics, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are employees aware of the potential hazards involving various chemicals stored or used in the workplace such as acids, bases, caustics, epoxies, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	To avoid splashing, are tools handled carefully while working around acid or other chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are tools neutralized with a reagent and rinsed with water after they have been used on equipment containing hazardous chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	When items have had hazardous chemicals rinsed off of them, is the water discarded down the drain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is personal protective equipment (goggles, respirators, aprons, gloves, etc.) worn when the inhalation of fumes/ hazardous substances or injurious bodily contact with acids/corrosive materials may occur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are acid or caustic spills cleaned up immediately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are acid spills cleaned up with an <u>approved absorbent material</u> (acid spills shall not be cleaned up with materials such as sawdust, waste materials, or cloth)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are containers (vats, tanks, carboys, drums, etc.) of hazardous chemicals/substances plainly labeled as to contents indicating existing hazards and precautionary measures for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do only authorized personnel use pesticides, herbicides, fungicides or any agricultural chemicals having critical toxicity ratings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Are emergency showers and eye washes provided in work areas where there is a potential of employees coming into contact with hazardous chemicals? (The injured employee must be able to reach an emergency shower and/or eyewash within 10 seconds).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_



Date \_\_\_\_\_

**D. CHEMICALS**

		YES	NO	N/A	OTHER
12.	Have written emergency procedures been developed for coping with hazardous chemical spills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Have standard operating procedures been established for chemical handling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Are rules posted for specifying the proper safety equipment required in areas where chemicals, hazardous substances, pesticides, herbicides, etc., are stored or handled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Are good housekeeping practices enforced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Is care taken to avoid mixing incompatible chemicals/substances (e.g., hoses being used that are incompatible with chemicals being transferred or supplied through them, incompatible cleaning solvents being mixed, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Pipelines for carrying chemicals:				
A.	To prevent or minimize injuries from valve packing failure or failed gaskets and bolted flanges, have valve stems been surrounded by a metal hood or enclosure which would deflect spray away from the person operating the valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Are pipelines and valves clearly identified by tags, lettered markings, and distinctive colors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Are the piping systems locations well lit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Are pipes periodically inspected for condition and transfer integrity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Are valves and connectors periodically inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	When repairs are necessary, are they promptly accomplished?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Are pipes substantially supported and protected against physical impact and excessive stresses arising from settlement, vibration, expansion or contraction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**D. CHEMICALS**

		YES	NO	N/A	OTHER
18.	Are tanks and vats installed so that rupture or overflow is contained or controlled through dikes, stumps, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Are material handling devices such as dollies, hand-trucks, etc., used whenever possible to move drums, boxes and carboys?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Are hazardous flammable or explosive chemicals stored in locked earthquake-braced cabinets or enclosures to prevent unauthorized use, potential spills, or release of toxic substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Are flammable or toxic chemicals kept in closed containers when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Where needed for emergency use, are respirators stored in a convenient, clean and sanitary location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Are employees prohibited from eating in areas where hazardous chemicals are present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	If a respiratory protection program is in effect, are employees instructed on the correct usage and limitations of the respirators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Are the respirators approved by the National Institute for Occupational Safety and Health (NIOSH) for this particular application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Are respirators regularly inspected, cleaned, sanitized, and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Are personnel fit tested and receive yearly physicals as required by the County Respiratory Protection Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	If hazardous substances are used in the work processes, is there a medical or biological monitoring system in operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Is ventilation equipment provided for the removal of contaminants from such operations as production grinding, buffing, spray painting, and/or vapor degreasing? Is it operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**D. CHEMICALS**

	YES	NO	N/A	OTHER
30. Is a general exhaust ventilation system (natural or mechanically induced fresh air movement) used to control dusts, vapors, gases, fumes, smoke, solvents, or mists which may be generated in the work place? Is it adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Is a local exhaust ventilation system (removes contaminants at point where they are produced) being used to control airborne contaminants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Do employees complain about dizziness, headaches, nausea, irritation or other facts of discomfort when they use solvents or other chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Is there a dermatitis problem - do employees complain about skin dryness, irritation or sensitization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Is vacuuming used for clean-up rather than blowing or sweeping dusts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Are materials which give off toxic, asphyxiant, or anesthetic fumes/vapors stored in remote or isolated locations when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**E. ELECTRICITY**

	YES	NO	N/A	OTHER
1. Do only authorized and qualified electricians make repairs or work on electrical equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are steam, water or oil leaks near electrical equipment reported immediately to the supervisor in charge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are working surfaces kept dry when working with or near electrical equipment or appliances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is electrical equipment being used that has frayed, worn or otherwise deteriorated insulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do only authorized electricians work on live circuits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Lockout/tagout program:				
A. Is there an effective program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are employees given training on lockout/tagout procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Is the training documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are appropriate employees provided with individually keyed personal safety locks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Are employees required to keep personal control of their key(s) while they have safety locks in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Is the locking-out of control circuits in lieu of locking-out main power disconnects prohibited?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Is it required that employees check the safety of the lockout by attempting to start up after making sure no one is exposed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Where the power disconnecting means for equipment does not also disconnect the electrical control circuit:				
1. Are the appropriate electrical enclosures identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is a means provided to assure the control circuit can also be disconnected and locked out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**E. ELECTRICITY**

		YES	NO	N/A	OTHER
I.	When electrical equipment or lines are to be serviced, maintained or adjusted, are necessary switches opened, locked-out and tagged-out whenever possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are electricians familiar with the Cal/OSHA Electrical Safety Orders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are all employees required to report as soon as feasible, any obvious hazard to life or property observed in connection with electrical equipment or lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are employees instructed to make preliminary inspections and/or appropriate tests to determine what conditions exist before starting work on electrical equipment or lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Are portable electrical tools and equipment grounded, or of the double-insulated type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Are electrical appliances such as vacuum cleaners, polishers, vending machines, etc., grounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Do extension cords being used have a grounding conductor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Are multiple plug adapters prohibited?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Are ground-fault circuit interrupters installed on each temporary 15 or 20 ampere, 120 volt AC circuit at locations where constructions, demolition, modifications, alterations, or excavations are being performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Are all temporary circuits protected by suitable disconnecting switches or plug connectors at the junction with permanent wiring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Is exposed wiring, and cords with frayed or deteriorated insulation repaired or replaced promptly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Are flexible cords and cables free of splices or taps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**E. ELECTRICITY**

		YES	NO	N/A	OTHER
18.	Are clamps or other securing means provided on flexible cords or cables at plug receptacles, tools, equipment, and is the cord jacket securely held in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Are all cord, cable and raceway connections intact and secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	In wet or damp locations, are electrical tools and equipment appropriate for the use or location or otherwise protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Is the location of electrical power lines and cables (overhead, underground, underfloor, other side of walls) determined before digging, drilling or similar work is begun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Are metal measuring tapes, ropes, hand lines or similar devices with metallic thread woven into the fabric, prohibited where they could come into contact with energized parts of equipment or circuit breakers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Is the use of metal ladders prohibited in areas where the ladder or the user could come in contact with energized parts of equipment or circuit conductors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Are all disconnecting switches and circuit breakers labeled to indicate their use or equipment served?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Are disconnecting means always opened before fuses are replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Do all interior wiring systems include provisions for grounding metal parts or electrical raceways, equipment and enclosures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Are all electrical raceways and enclosures securely fastened in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Are only approved electrical cabinets and enclosures used to house energized circuits and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Are electrical cabinets and enclosures locked to prevent unauthorized access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

<b>E. ELECTRICITY</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>OTHER</b>
30.	Is sufficient access and working space provided and maintained about all electrical equipment (e.g., panel boards, safe switches, switchboards, distribution boards, etc.) to permit ready and safe operations and maintenance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	Are all unused openings (including conduit knockouts) in electrical enclosures and fittings closed with appropriate covers, plugs or plates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	Are electrical enclosures such as switches, receptacles, junction boxes provided with tight fitting covers or plates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Electrical motors:				
A.	Are disconnecting switches for electrical motors in excess of two horsepower capable of opening the circuit when the motor is in a stalled condition without exploding? (Switches must be horsepower rated <u>equal to or in excess of</u> the motor hp rating).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Is low voltage (under current) protection provided in the control device of motors driving machines which could cause probable injury from inadvertent starting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Is each motor disconnecting switch or circuit breaker located within sight of the motor control device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Is the controller for each motor, in excess of two horsepower, rated in horsepower equal to or in excess of the rating of the motor it serves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	Are employees who regularly work on or around energized electrical equipment or lines instructed in cardio-pulmonary resuscitation (CPR) methods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.	Are employees prohibited from working alone on energized lines or equipment over 600 volts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**E. ELECTRICITY**

		YES	NO	N/A	OTHER
36.	Is plaster or drywall around an electrical outlet box or fitting broken or incomplete?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	Are electrical control panels oily or dirty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.	Are outlet boxes, switches and junction boxes that are located or installed in damp or wet locations, corrosion resistant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.	Do electrical receptacles or boxes have broken parts or missing covers or face plates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.	Do electrical plugs have broken attachment prongs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.	Do electrical outlets show any signs of overheating (e.g., soot-like discoloration on receptacle or wall surface)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.	Are all 15 and 20 ampere attachment plugs and connectors of dead-front construction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.	Are terminal covers for electrical plugs an integral part of the device and not a removable plastic or fiber disc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.	Are all electric panel boards, boxes, cabinets and switch enclosures covered or isolated to prevent accidental contact with live parts and protect equipment from contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.	Are disconnect switches, including service entrance switches, and each feeder and branch circuit, legibly and durably marked at the point of origin to indicate its purpose (proper identification is to be specific: for example, not merely "lights", but rather "lights" - front lobby)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46.	Are doors on panelboards kept closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47.	Is all electric equipment (including motors, heaters and appliances) legibly and durably marked with the manufacturer's name or trademark, voltage, current and wattage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.	Are doors or gates to vaults, equipment rooms and similar enclosures kept locked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_



Date \_\_\_\_\_

**E. ELECTRICITY**

		YES	NO	N/A	OTHER
49.	Do service entrance doors have panic release devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50.	Are over-current devices such as fuses and circuit breakers readily available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51.	Is easily ignitable material kept away from circuit breakers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52.	Are arcing parts (fuses and circuit breakers) and suddenly moving parts (old-style circuit breaker handles) properly located and/or shielded to prevent burning or otherwise injuring personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53.	Are the exposed, non-current carrying metal parts of fixed equipment such as supports, guards, enclosures, frames, etc., tested to make sure they are properly grounded? (Resistance should be very low).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54.	Are the metal parts of non-electrical equipment (e.g., frames and tracks of electrically operated cranes, hand operated metal shifting ropes, cables of electric elevators, metal partitions, grill work, and similar metal enclosures) or any equipment where the voltage exceeds 1000 volts between conductors grounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55.	Are cable, conduit, raceway connections, joints, and fittings tight to assure proper grounding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.	On cord and plug-connected equipment, are frames, enclosures, and other non-current-carrying metal parts (that may possibly become energized) properly grounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57.	Are all conduits and enclosures free from rust and corrosion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58.	For electric portable hand-tools, is continuity checked periodically from the grounding blade of the plug to an unpainted portion of the portable tool? (Continuity should be close to zero but may vary according to the grounding cord length and size).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**E. ELECTRICITY**

	YES	NO	N/A	OTHER
59. For ungrounded electrical hand-tools, are they protected by an approved double insulation system or the equivalent? Is the equipment distinctively marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Are attachment plugs for portable tools, appliances, and equipment in good repair and suitable for the conditions of use and location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. For temporary wiring during construction, are all 15 and 20 ampere, 125 volt single-phase receptacles equipped with ground fault circuit interrupted protection or an acceptable assured grounding procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. On construction sites, are receptacle adapters attached to string lighting? (Receptacles on construction sites shall not be installed on branch circuits which supply temporary lighting).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Flexible cords and extension cords (flexible cords/cables are attached to appliances and are normally energized from an approved electrical receptacle. They are not to be confused with extension cords that supplement a regular supply cord):				
A. Are extension cords only used for temporary purposes such as with portable appliances, tools, and similar equipment that are not normally used at one specific location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are flexible cords energized from an approved receptacle outlet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are flexible or extension cords being used as a substitute for fixed wiring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are flexible or extension cords prohibited from being run through doorways and windows? Are they run through structural holes in walls, ceilings or floors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Are flexible or extension cords prohibited from being attached to building surfaces (e.g., walls, ceilings, doors, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Are flexible cords used only in continuous lengths without splices or tapes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**E. ELECTRICITY**

		YES	NO	N/A	OTHER
G.	Are cords replaced when damaged, worn or deteriorated (e.g., cracks, cuts, swelling, etc.)?	[ ]	[ ]	[ ]	[ ]
H.	Where flexible cords are attached to plugs, connector bodies, or other devices, is a strain relief device or measure (e.g., cord grip, knot in cord or winding with tape) incorporated to prevent a pull on the cord from being directly transmitted to joints or terminal screws?	[ ]	[ ]	[ ]	[ ]
64.	Are portable hand lamps equipped with a handle of molded composition or of some other insulating material? Are they guarded?	[ ]	[ ]	[ ]	[ ]
65.	Are metallic guards on portable lamps grounded?	[ ]	[ ]	[ ]	[ ]
66.	Are all electrical boxes and enclosures securely fastened?	[ ]	[ ]	[ ]	[ ]
67.	Is equipment such as conduit, cable, boxes and enclosures periodically inspected and replaced when damage (e.g., slack in cables between supports, flattened conduit bends, kinks, or twists in cable, etc.) is discovered?	[ ]	[ ]	[ ]	[ ]

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**F. FIRE PROTECTION**

	YES	NO	N/A	OTHER
1. Is fire alarm system tested at least annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are interior stand pipes and valves inspected regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are outside fire hydrants flushed at least once a year and on a routine preventive maintenance schedule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are fire doors and shutters in good operating condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are fire doors and shutters unobstructed and protected against obstructions, including their counterweights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are fire door and shutter fusible links in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are automatic sprinkler system water control valves, air and water pressures checked weekly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the maintenance of automatic sprinkler systems assigned to responsible persons or to a sprinkler contractor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are sprinkler heads protected by metal guards, when exposed to physical damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is proper clearance maintained below sprinkler heads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are portable fire extinguishers provided in adequate number and type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are fire extinguishers mounted in readily accessible locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are fire extinguishers recharged regularly and noted on the inspection tag?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are employees periodically instructed in the use of extinguishers and fire protection procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are all work areas adequately illuminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are pits and floor openings covered or otherwise guarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**G. PERSONAL PROTECTIVE EQUIPMENT AND CLOTHING**

	YES	NO	N/A	OTHER
1. Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injury such as punctures, abrasions, contusions or burns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are protective goggles or face shields provided and worn where there is any danger of flying debris?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are employees who need corrective lenses (glasses or contacts) in working environments having harmful exposures, required to wear only approved safety glasses, protective goggles, or use other medically approved precautionary procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are protective gloves, aprons, shields, or other means provided against cuts, corrosive liquids and chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are hard hats provided and worn where danger of falling objects exists?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are hard hats inspected periodically for damage to the shell and suspension system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is appropriate foot protection required where there is the risk of foot injuries from hot, corrosive, poisonous substances, falling objects, crushing or penetrating actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are approved respirators provided for regular or emergency use where needed? Is County Respirator Protection Program implemented fully?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is all protective equipment maintained in a sanitary condition and ready for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have eye wash facilities and a quick Drench Shower within the work area where employees are exposed to injurious corrosive materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Where special equipment is needed for electrical workers, is it available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**G. PERSONAL PROTECTIVE EQUIPMENT AND CLOTHING**

	YES	NO	N/A	OTHER
12. When lunches are eaten on the premises, are they eaten in areas where there is no exposure to toxic materials or other health hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is protection against the effects of occupational noise exposure provided when sound levels exceed those of the Cal/OSHA noise standard? Is County Hearing Conservation Program implemented fully?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are adequate work procedures, protective clothing and equipment provided and used when cleaning up spilled toxic or otherwise hazardous materials or liquids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

#### H. FLOORS AND WALL OPENINGS

	YES	NO	N/A	OTHER
1. Are floor openings guarded by a cover, a guard rail, or equivalent on all sides (except at entrance to stairways or ladders)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are toeboards installed around the edges of permanent floor openings (where persons may pass below the opening)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are skylight screens of such construction and mounting that they will withstand a load of at least 200 pounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the glass in windows, doors, glass walls, etc., which are subject of human impact, of sufficient thickness and type for the intended use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are grates or similar type covers over floor openings such as floor drains, designed so foot traffic or rolling equipment will not be affected by the grate spacing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are unused portions of service pits and pits not actually in use either covered or protected by guard rails or equivalent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are manhole covers, trench covers and similar covers, and their supports designed to carry a truck rear axle load of at least 20,000 pounds when located in roadways and subject to vehicle traffic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are floor or wall openings in fire resistive construction provided with doors or covers compatible with the fire rating of the structure and provided with self closing features when appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**I. STAIRS AND STAIRWAYS**

	YES	NO	N/A	OTHER
1. Are standard stair rails or handrails on all stairways having four or more risers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all stairways at least 22 inches wide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do stairs have at least a 7-foot overhead clearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do stairs angle no more than 50 and no less than 30 degrees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are stairs of hollow-pan type treads and landings filled level with solid material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are step risers on stairs uniform from top to bottom, with no riser spacing greater than 7 1/2 inches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are steps on stairs and stairways designed or provided with a surface that renders them slip resistant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are stairway handrails located between 30 and 34 inches above the leading edge of stair treads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do stairway handrails have at least 1 1/2 inches of clearance between the handrails and the wall or surface they are mounted on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are stairway handrails capable of withstanding a load of 200 pounds, applied in any direction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Where stairs or stairways exit directly into any area where vehicles may be operated, are adequate barriers and warnings provided to prevent employees from stepping into the path of traffic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do stairway landings have a dimension measured in the direction of travel, at least equal to the width of the stairway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_



Date \_\_\_\_\_

**I. STAIRS AND STAIRWAYS**

		YES	NO	N/A	OTHER
13.	Is the vertical distance between stairway landings limited to 12 feet or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Is a stairway provided to the roof of each building four or more stories in height, provided the roof slope is 4 in 12 or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**J. ELEVATED SURFACES**

	YES	NO	N/A	OTHER
1. Are signs posted, when appropriate, showing the elevated surface load capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are surfaces elevated more than 30 inches above the floor or ground provided with standard guard rails?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all elevated surfaces (beneath which people or machinery could be exposed to falling objects) provided with standard 4-inch toeboards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is a permanent means of access and egress provided to elevated storage and work surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is required headroom provided where necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is material on elevated surfaces piled, stacked or racked in a manner to prevent it from tipping, falling, collapsing, rolling or spreading?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are dock boards or bridge plates used when transferring materials between docks and trucks or rail cars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**K WALKWAYS**

		YES	NO	N/A	OTHER
1.	Are aisles and passageways kept clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are aisles and walkways marked appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are wet surfaces covered with non-slip materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are holes in the floor, sidewalk or other walking surface repaired properly, covered or otherwise made safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is there safe clearance for walking in aisles where motorized or mechanical handling equipment is operating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are materials or equipment stored so sharp projectives will not interfere with the walkway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are spilled materials cleaned up immediately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are changes of direction or elevations readily identifiable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are aisles or walkways that pass near moving or operating machinery, welding operations or similar operations arranged so employees will not be subjected to potential hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is adequate headroom provided for the entire length of any aisle or walkway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Are standard guard rails provided wherever aisle or walkway surfaces are elevated more than 30 inches above any adjacent floor or the ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are bridges provided over conveyors and similar hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**I. EXITING - EGRESS**

	YES	NO	N/A	OTHER
1. Are all exits marked with an exit sign and illuminated by a reliable light source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the directions to exits, when not immediately apparent, marked with visible signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are doors, passageways or stairways, that are neither exits nor access to exits and which could be mistaken for exits, appropriately marked "NOT AN EXIT", "TO BASEMENT", "STORE-ROOM", etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are exit signs provided with the word "EXIT", in lettering at least 5 inches high and the stroke of the lettering at least 1/2 inch wide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are exit doors side-hinged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are all exits kept free of obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are at least two means of egress provided from elevated platforms, pits or rooms where the absence of a second exit would increase the risk of injury from hot, poisonous, corrosive, suffocating, flammable or explosive substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there sufficient exits to permit prompt escape in case of emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are special precautions taken to protect employees during construction and repair operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the number of exits from each floor of a building and the number of exits from the building itself, appropriate for the building occupancy load?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are exit stairways which are required to be separated from other parts of a building enclosed by at least one-hour fire-resistive construction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**I. EXIT - EGRESS**

	YES	NO	N/A	OTHER
12. When ramps are used as part of required exiting from a building, is the ramp slope limited to 1 ft. vertical and 8 ft. horizontal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Where exiting will be through frameless glass doors, glass exit doors, storm doors, etc., are the doors fully tempered and meet safety requirements for human impact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**M. EXIT DOORS**

	YES	NO	N/A	OTHER
1. Are doors which are required to serve as exits designed and constructed so that the way of exit travel is obvious and direct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are windows which could be mistaken for exit doors, made inaccessible by means of barriers or railings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can exit doors be open from the direction of exit travel without the use of a key or any special knowledge or effort when the building is occupied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is a revolving, sliding or overhead door prohibited from serving as a required exit door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Where panic hardware is installed on a required exit door, will it allow the door to open by applying a force of 15 pounds or less in the direction of the exit traffic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are doors on cold storage rooms provided with an inside release mechanism which will release the latch and open the door even if it's padlocked or otherwise locked on the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Where exit doors open directly onto any street, alley or other area where vehicles may be operated, are adequate barriers and warnings provided to prevent employees stepping into the path of traffic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are doors that swing in both directions and located between rooms with frequent traffic provided with viewing panels in each door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**N. PORTABLE LADDERS**

	YES	NO	N/A	OTHER
1. Are all ladders maintained in good condition, joints between steps and side rails tight, all hardware and fittings securely attached and moveable parts operating freely without binding or undue play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are non-slip safety feet provided on each ladder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are ladder rungs and steps free of grease and oil?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is it prohibited to place a ladder in front of doors opening toward the ladder except when the door is blocked open, locked or guarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is it prohibited to place ladders on boxes, barrels, or other unstable bases to obtain additional height?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are employees instructed to face the ladder when ascending or descending?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are employees prohibited from using ladders that are broken, missing steps, rungs, or cleats, broken side rails or other faulty equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are employees instructed not to use the top step of ordinary stepladders as a step?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. When portable rung ladders are used to gain access to elevated platforms, roofs, etc., does the ladder always extend at least 3 feet above the elevated surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is it required that when portable rung or cleat type ladders are used, the base is so placed that slipping will not occur, or it is lashed or otherwise held in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are portable metal ladders legibly marked with signs reading "CAUTION - Do Not Use Around Electrical Equipment" or equivalent wording?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are employees instructed to only adjust extension ladders while standing at a base (not while standing on the ladder or from a position above the ladder)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**O. PORTABLE HAND TOOLS AND EQUIPMENT**

	YES	NO	N/A	OTHER
1. Are all tools and equipment (both company and employee-owned) used by employees at the workplace in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are hand tools such as chisels, punches, etc. which develop mushroomed heads during use, reconditioned or replaced as necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are broken or fractured handles on hammers, axes and similar equipment replaced promptly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are worn or bent wrenches replaced regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are appropriate handles used on files and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are employees made aware of the hazards caused by faulty or improperly used hand tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are appropriate safety glasses, face shields, etc. used while using hand tools or equipment which might produce flying materials or be subject to breakage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are jacks checked periodically to assure they are in good operating condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are tool handles wedged tightly in the head of all tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are tool cutting edges kept sharp so the tool will move smoothly without binding or skipping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are tools stored in dry, secure locations where they won't be tampered with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is eye and face protection used when driving hardened or tempered spuds or nails?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_



Date \_\_\_\_\_

**P. PORTABLE (POWER-OPERATED) TOOLS AND EQUIPMENT**

		YES	NO	N/A	OTHER
1.	Are grinders, saws and similar equipment provided with appropriate safety guards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are power tools used with the correct shield, guard, or attachment, recommended by the manufacturer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are portable circular saws equipped with guards above and below the base shoe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are circular saw guards checked to assure they are not wedged up, thus leaving the lower portion of the blade unguarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are rotating or moving parts of equipment guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are all cord-connected, electrically-operated tools and equipment effectively grounded or of the approved double insulated type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are effective guards in place over belts, pulleys, chains, sprockets, on equipment such as concrete mixers, air compressors, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are portable fans provided with full guards or screens having openings ½ inch or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Is hoisting equipment available and used for lifting heavy objects, and are hoist ratings and characteristics appropriate for the task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Are ground-fault circuit interrupters provided on all temporary electrical 15 and 20 ampere circuits, used during periods of construction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Are pneumatic and hydraulic hoses on power-operated tools checked regularly for deterioration or damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**Q. ABRASIVE WHEEL EQUIPMENT (GRINDERS)**

	YES	NO	N/A	OTHER
1. Is the work rest used and kept adjusted to within 1/8 inch of the wheel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the adjustable tongue on the top side of the grinder used and kept adjusted to within 1/4 inch of the wheel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do side guards cover the spindle, nut and flange and 75 percent of the wheel diameter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are bench and pedestal grinders permanently mounted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are goggles or face shields always worn when grinding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the maximum RPM rating of each abrasive wheel compatible with the RPM rating of the grinder motor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are fixed or permanently mounted grinders connected to their electrical supply system with metallic conduit or other permanent wiring method?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does each grinder have an individual on and off control switch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is each electrically operated grinder effectively grounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Before new abrasive wheels are mounted, are they visually inspected and ring tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are dust collectors and powered exhausts provided on grinders used in operations that produce large amounts of dust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are splash guards mounted on grinders that use coolant to prevent the coolant reaching employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is cleanliness maintained around grinders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**R. POWDER-ACTUATED EQUIPMENT**

	YES	NO	N/A	OTHER
1. Are employees who operate powder-actuated tools trained in their use and carry a valid operator's card?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do the powder-actuated tools being used have written approval of the Division of Occupational Safety and Health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is each powder-actuated tool stored in its own locked container when not being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is a sign at least 7 inches by 10 inches with bold face type reading "POWDER-ACTUATED TOOL IN USE" conspicuously posted when the tool is being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are powder-actuated tools left unloaded until they are actually ready to be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are powder-actuated tools inspected for obstructions or defects each day before use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do powder-actuated tool operators have and use appropriate personal protective equipment such as hard hats, safety goggles, safety shoes and ear protectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**S. MACHINE GUARDING**

	YES	NO	N/A	OTHER
1. Is there a training program to instruct employees on safe methods of machine operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate supervision to ensure that employees are following safe machine operating procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a regular program of safety inspection of machinery and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all machinery and equipment kept clean and properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is sufficient clearance provided around and between machines to allow for safe operations, set up and servicing, material handling and waste removal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is equipment and machinery securely placed and anchored when necessary to prevent tipping or other movement that could result in personal injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there a power shut-off switch within reach of the operator's position at each machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Can electric power to each machine be locked out for maintenance, repair, or security?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are the noncurrent-carrying metal parts of electrically operated machines bonded and grounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are foot-operated switches guarded or arranged to prevent accidental actuation by personnel or falling objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are manually operated valves and switches controlling the operating of equipment and machines clearly identified and readily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are all emergency stop buttons colored red?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all pulleys and belts that are within 7 feet of the floor or working level properly guarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are all moving chains and gears properly guarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are splash guards mounted on machines that use coolant to prevent the coolant from reaching employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**S. MACHINE GUARDING**

		YES	NO	N/A	OTHER
16.	Are methods provided to protect the operator and other employees in the machine area from hazards created at the point operation, ongoing nip points, rotating parts, flying chips, and sparks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Are machinery guards secure and arranged so that they do not offer a hazard in their use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	If special handtools are used for placing and removing material, do they protect the operator's hands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Are revolving drums, barrels, and containers guarded by an enclosure that is interlocked with the drive mechanism, so that revolution cannot occur unless the guard enclosure is in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Do arbors and mandrels have firm and secure bearings and are they free from play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Are provisions made to prevent machines from automatically starting when power is restored after a power failure or shutdown?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Are machines constructed to be free from excessive vibration when the largest size tool is mounted and run at full speed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	If machinery is cleaned with compressed air, is air pressure controlled and personal protective equipment or other safeguards utilized to protect operators and other workers from eye and body injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Are fan blades protected with a guard having openings no larger than 1/2 inch when operating within 7 feet of the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Are saws used for ripping equipped with anti-kick back devices and spreaders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Are radial arm saws so arranged that the cutting head will gently return to the back of the table when released?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**T. LOCKOUT/TAGOUT/BLOCKOUT POSSIBILITIES**

	YES	NO	N/A	OTHER
1. Is all machinery or equipment capable of movement required to be de-energized or disengaged and blocked or locked-out during cleaning, servicing, adjusting or setting up operations, whenever possible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Where the power disconnecting means for equipment does not also disconnect the electrical control circuit:				
a. Are the appropriate electrical enclosures identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are means provided to assure the control circuit can also be disconnected and locked-out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the locking-out of control circuits in lieu of locking-out main power disconnects prohibited?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all equipment control valve handles provided with a means for locking-out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the lock-out procedure require that stored energy (mechanical, hydraulic, air, etc.) be released or blocked before equipment is locked-out for repairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are appropriate employees provided with individually keyed personal safety locks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are employees required to keep personal control of their key(s) while they have safety locks in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is it required that only the employee exposed to the hazard place or remove the safety lock?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is it required that employees check the safety of the lock-out by attempting a start up after making sure no one is exposed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are employees instructed to always push the control circuit stop button prior to re-energizing the main power switch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there a means provided to identify any or all employees who are working on locked-out equipment by their locks or accompanying tags?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are a sufficient number of accident preventative signs or tags and safety padlocks provided for any reasonably foreseeable repair emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**T. LOCKOUT/TAGOUT/BLOCKOUT POSSIBILITIES**

	YES	NO	N/A	OTHER
13. When machine operations, configuration or size requires the operator to leave his or her control station to install tools or perform other operations, and that part of the machine could move if accidentally activated, is such element required to be separately locked or blocked out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. In the event that equipment or lines cannot be shut down, locked-out and tagged, is a safe job procedure established and rigidly followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**U. WELDING, CUTTING, AND BRAZING**

	YES	NO	N/A	OTHER
1. Are only authorized and trained personnel permitted to use welding, cutting or brazing equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does each operator have a copy of the appropriate operating instructions and directed to follow them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are compressed gas cylinders regularly examined for obvious signs of defects, deep rusting, or leakage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is care used in handling and storage of cylinders, safety valves, relief valves, etc., to prevent damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are precautions taken to prevent the mixture of air or oxygen with flammable gases, except at a burner or in a standard torch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are only approved apparatus (torches, regulators, pressure-reducing valves, acetylene generators, and manifolds) used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are cylinders kept away from sources of heat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are the cylinders kept away from elevators, stairs or gangways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is it prohibited to use cylinders as rollers or supports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are empty cylinders appropriately marked and their valves closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are signs reading: <b>DANGER - NO SMOKING, MATCHES, OR OPEN LIGHTS</b> , or the equivalent, posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are cylinders, cylinder valves, couplings, regulators, hoses, and apparatus kept free of oily or greasy substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is care taken not to drop or strike cylinders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Unless secured on special trucks, are regulators removed and valve-protection caps put in place before moving cylinders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_



Date \_\_\_\_\_

**U. WELDING, CUTTING, AND BRAZING**

		YES	NO	N/A	OTHER
15.	Do cylinders without fixed hand wheels have keys, handles, or non-adjustable wrenches on stem valves when in service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Are liquefied gases stored and shipped valve-end up with valve covers in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Are provisions made to never crack a fuel-gas cylinder valve near sources of ignition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Before a regulator is removed, is the valve closed and gas released from the regulator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Is red used to identify the acetylene (and other fuel-gas) hose, green for oxygen hose, and black for inert gas and air hose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Are pressure-reducing regulators used only for the gas and pressures for which they are intended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Is open circuit (No Load) voltage of arc welding and cutting machines as low as possible and not in excess of the recommended limits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Under wet conditions, are automatic controls for reducing no load voltage used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Is grounding of the machine frame and safety ground connections of portable machines checked periodically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Are electrodes removed from the holders when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Is it required that electric power to the welder be shut off when no one is in attendance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Is suitable fire extinguishing equipment available for instant use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Is the welder forbidden to coil or loop welding electrode cable around his body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Are wet machines thoroughly dried and tested before being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**U. WELDING, CUTTING, AND BRAZING**

		YES	NO	N/A	OTHER
29.	Are work and electrode lead cables frequently inspected for wear and damage, and replaced when needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	Do means for connecting cable lengths have adequate insulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	When the object to be welded cannot be moved and fire hazards cannot be removed, are shields used to confine heat, sparks and slag?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	Are fire watchers assigned when welding or cutting is performed in locations where a serious fire might develop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Are combustible floors kept wet, covered by damp sand, or protected by fire-resistant shields?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	When floors are wet down, are personnel protected from possible electrical shock?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.	When welding is done on metal walls, are precautions taken to protect combustibles on the other side?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	Before hot work is begun, are used drums, barrels, tanks, and other containers so thoroughly cleaned that no substances remain that could explode, ignite, or produce toxic vapors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	Is it required that eye protection helmets, hand shields and goggles meet appropriate standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.	Are employees exposed to the hazards created by welding, cutting, or brazing operations protected with personal protective equipment and clothing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.	Is a check made for adequate ventilation where welding or cutting is performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.	When working in confined places are environmental monitoring tests taken and means provided for quick removal of welders in case of an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**V. COMPRESSORS AND COMPRESSED AIR**

	YES	NO	N/A	OTHER
1. Are compressors equipped with automatic, temperature-activated shutoff mechanisms, or with fusible plugs installed in the compressor discharge lines as near the compressor as possible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are compressors equipped with automatic pressure release valves, pressure gauges, and drain valves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are compressor air intakes installed and equipped to ensure that only clean uncontaminated air enters the compressor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are air filters installed on the compressor intake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are compressors operated and lubricated in accordance with the manufacturer's recommendations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are safety devices on compressed air systems checked frequently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Before any repair work is done on the pressure system of a compressor, is the pressure bled off and the system locked out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are signs posted to warn of the automatic starting feature of the compressors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the belt drive system totally enclosed to provide protection for the front, back, top and sides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is it strictly prohibited to direct compressed air towards a person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are employees prohibited from using highly compressed air for cleaning purposes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If compressed air is used for cleaning off clothing, is the pressure reduced to less than psi?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. When using compressed air for cleaning, do employees wear protective chip guarding and personal protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**V. COMPRESSORS AND COMPRESSED AIR**

	YES	NO	N/A	OTHER
14. Are safety chains or other suitable locking devices used at couplings of all high pressure hose lines of 3/4 inch inside diameter or larger, and lines of smaller size, where a connection failure would create a hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Before compressed air is used to empty containers of liquid, is the safe working pressure of the container checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. When compressed air is used with abrasive blast cleaning equipment, is the operating valve a type that must be held open?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. When compressed air is used to inflate auto tires, is a clip-on chuck and an incline regulator preset to 40 psi required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is it prohibited to use compressed air to clean up or move combustible dust if such action could cause the dust to be suspended in the air and cause a fire or explosion hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**W. COMPRESSED AIR RECEIVERS/VESSELS**

		YES	NO	N/A	OTHER
1.	Is every receiver equipped with a pressure gauge and with one or more automatic, spring-loaded safety valves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is the total relieving capacity of the safety valve capable of preventing pressure in the receiver from exceeding the maximum allowable working pressure of the receiver by more than 10%?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is every air receiver provided with a drain pipe and valve at the lowest point for the receivers periodically drained of moisture and oil?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are compressed air receivers periodically drained of moisture and oil?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does each compressed air receiver have an inspection opening for internal inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are all air receivers periodically inspected externally for corrosion, dents, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are all safety valves tested frequently and at regular intervals to determine whether they are in good operating condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is each compressed air receiver inspected internally at least once a year by a qualified inspector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are the external surfaces of air receivers kept free of oil and dust accumulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is the inlet of air receivers and piping systems kept free of accumulated oil and carbonaceous materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have the following safety procedures been established for the internal inspection of air receivers?				
a.	All starting and control equipment tagged and locked-out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	The air pressure released from the vessel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**W. COMPRESSED AIR RECEIVERS/VESSELS**

		YES	NO	N/A	OTHER
c.	Externally bolted manhole covers first pried loose from their seats before entirely removing all of the bolts or nuts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	All manhole covers removed to improve ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Tank atmosphere tested for oxygen and carbon dioxide concentrations and toxic, flammable, or combustible gases and vapors before employees are permitted to enter the tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	If a hazardous atmosphere is present, is respiratory equipment required to be used (supplied-air type)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Are employees entering the tank required to be equipped with a lifeline and a safety watcher positioned at the tank opening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Are employees required to wear proper type, face, hand and foot protection to prevent injuries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Are portable electric lamps or tools used inside the tank, explosion-proof and grounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	After cleaning, is the inside inspected for loose scale, wiping rags, tools or pieces of lint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Are new gaskets placed on the manhole covers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**X. COMPRESSED GAS CYLINDERS**

	YES	NO	N/A	OTHER
1. Are cylinders with a water weight capacity over 30 pounds, equipped with means for connecting a valve protector device, or with a collar or recess to protect the valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are cylinders legibly marked to clearly identify the gas contained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are compressed gas cylinders stored in areas which are protected from external heat sources such as flame impingement, intense radiant heat, electric arcs, or high temperature lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are cylinders located or stored in areas where they will not be damaged by passing or falling objects or subject to tampering by unauthorized persons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are cylinders stored or transported to prevent creating a hazard by tipping, falling or rolling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are cylinders containing liquefied fuel gas, stored or transported in a position so that the safety relief device is always in direct contact with the vapor space in the cylinder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are valve protectors always placed on cylinders when the cylinders are not in use or connected for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all valves closed off before a cylinder is moved, when the cylinder is empty, and at the completion of each job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are low pressure fuel-gas cylinders checked periodically for corrosion, general distortion, cracks, or any other defect that might indicate a weakness or render it unfit for service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the periodic check of low pressure fuel-gas cylinders include a close inspection of the cylinder's bottom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**Y. HOIST AND AUXILIARY EQUIPMENT**

	YES	NO	N/A	OTHER
1. Is each overhead electric hoist equipped with a limit device to stop the hook travel at its highest and lowest point of safe travel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Will each hoist automatically stop and hold any load up to 125 percent of its rated load, if its actuating force is removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the rated load of each hoist legibly marked and visible to the operator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are stops provided at the safe limits of travel for trolley hoist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are the controls of hoist plainly marked to indicate the direction of travel or motion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is each cage-controlled hoist equipped with an effective warning device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are close-fitting guards or other suitable devices installed on hoist to assure hoist ropes will be maintained in the sheave grooves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all hoist chains or ropes of sufficient length to handle the full range of movement for the application while still maintaining two full wraps on the drums at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are nip points or contact points between hoist ropes and sheaves which are permanently located within seven feet of the floor, ground or working platform, guarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is it prohibited to use chains or rope slings that are kinked or twisted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is it prohibited to use the hoist rope or chain wrapped around the load as a substitute for a sling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is it prohibited to carry loads over people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are only employees who have been trained in the proper use of hoists allowed to operate them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_



Date \_\_\_\_\_

**Y. HOIST INSPECTION CHECKLIST**

YES NO N/A OTHER

14. Identification:

- |    |                                 |     |     |     |     |
|----|---------------------------------|-----|-----|-----|-----|
| a. | Hoist identification            | [ ] | [ ] | [ ] | [ ] |
| b. | Capacity _____ lbs. and/or tons | [ ] | [ ] | [ ] | [ ] |
| c. | Location _____                  | [ ] | [ ] | [ ] | [ ] |

15. Frequency of Inspection:

- |    |                                 |     |     |     |     |
|----|---------------------------------|-----|-----|-----|-----|
| a. | Normal use - conduct monthly    | [ ] | [ ] | [ ] | [ ] |
| b. | Heavy duty use - conduct weekly | [ ] | [ ] | [ ] | [ ] |
| c. | Severe duty - conduct daily     | [ ] | [ ] | [ ] | [ ] |

16. Load Chain:

- |    |  |     |     |     |     |
|----|--|-----|-----|-----|-----|
| a. | Clean chain by removing any foreign material such as dirt and grease.  | [ ] | [ ] | [ ] | [ ] |
| b. | Inspect chain for wear using gauge.  | [ ] | [ ] | [ ] | [ ] |
| c. | Inspect chain for gouges, nicks, arc burns, twisted, bent and worn or damaged links.   | [ ] | [ ] | [ ] | [ ] |
| d. | Slack the chain and observe if wear exists at interlink bearing surface between links.                                       | [ ] | [ ] | [ ] | [ ] |
| e. | Inspect the loose end link, loose and screw and double end block and clevis pin on double reeved units.                      | [ ] | [ ] | [ ] | [ ] |
| f. | After inspecting, lubricate chain as specified in manual.  | [ ] | [ ] | [ ] | [ ] |
| g. | Inspect for correct reeving on multi-reeved hoist and for capsized hook block. Inspect sheave wheel for freedom of movement. | [ ] | [ ] | [ ] | [ ] |
| h. | Inspect end ring for damage.   | [ ] | [ ] | [ ] | [ ] |

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**Y. HOIST INSPECTION CHECKLIST**

YES NO N/A OTHER

- |     |   |     |     |     |     |
|-----|---|-----|-----|-----|-----|
| 17. | Hooks:  |     |     |     |     |
|     | a. Inspect hooks for signs of opening, cracking, bending, arc burns, welds, nicks and gouges.   | [ ] | [ ] | [ ] | [ ] |
|     | b. Lower hooks should be free to swivel and upper hooks if so desired.  | [ ] | [ ] | [ ] | [ ] |
|     | c. Inspect hooks for safety latches and condition of latches.   | [ ] | [ ] | [ ] | [ ] |
|     | d. Hook throat openings (upper and lower).  | [ ] | [ ] | [ ] | [ ] |
| 18. | Suspension Adapters (Adapt hoist to hooks):   |     |     |     |     |
|     | a. Inspect the suspension adapter and make sure it is fully seated.   | [ ] | [ ] | [ ] | [ ] |
| 19. | Miscellaneous:  |     |     |     |     |
|     | a. Inspect frames and end covers to see that they are securely fastened and that no screws or lock washers are missing. Replace missing hardware. A crack in the enclosure would indicate abuse or severe overloading. Replace damaged parts. | [ ] | [ ] | [ ] | [ ] |
|     | b. Check for oil leaks and oil level.   | [ ] | [ ] | [ ] | [ ] |
|     | c. Inspect hangers for cracks, gouges and other damage.   | [ ] | [ ] | [ ] | [ ] |
|     | d. Inspect hook block pins and dead end pins for wear, tightness, bending and cracks.   | [ ] | [ ] | [ ] | [ ] |
|     | e. Tightness of all screws to be assured.   | [ ] | [ ] | [ ] | [ ] |
|     | f. Inspect for correct capacity insert.   | [ ] | [ ] | [ ] | [ ] |
|     | g. Check to assure that all warning labels are legible and intact.  | [ ] | [ ] | [ ] | [ ] |
|     | h. Inspect plunger for damage and freedom of movement.  | [ ] | [ ] | [ ] | [ ] |

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**Y. HOIST INSPECTION CHECKLIST**

		YES	NO	N/A	OTHER
	l. Inspect covers and hook, blocks for cracks, gouges and other damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	j. Inspect lever for bending (overloading).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	k. Inspect cloverleaf for wear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Electrical:				
	a. Inspect for correct phasing. Hoist should lift when up button is depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Inspect push button and power cord for damaged wires or insulation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Inspect push button station for external damage or wear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Hoist Operation:				
	a. With no load on hoist, run hook up to hoist until upper limit switch operates, stopping hoist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Test lower limit switch in a similar manner by running hook to lower limit of travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Hook should stop promptly in A and B.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. With full load on hoist, raise load off floor, stop it, and then start it up again. Then run load down, stopping before load reaches floor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. If two (2) speed, check both speeds under full load.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Check operation of load protector. Load protector should not slip at rated load.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Trolley Operation:				
	a. If hoist is mounted on a trolley, operate trolley in both directions under load.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Check rail stops.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**Y. HOIST INSPECTION CHECKLIST**

	YES	NO	N/A	OTHER
c. Match trolley capacity with hoist capacity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Check trolley beam adjustment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Chain Containers:				
a. If hoist is equipped with a chain container, check operation of lower limit as before and note that there must be at least 8 links in the chain controller when the hook is at lower limit of travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lower hook uppermost point when at upper limit of travel should be just below the bottom of the chain container.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Check for correct size of chain container.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Bracket screw must be tight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Inspect chain container for damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Inspect support links (links must not be opened).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CAUTION:** Should the hoist fail inspection, it should be repaired or removed from service immediately.

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

Z. INDUSTRIAL TRUCKS (FORKLIFTS) AND SIMILAR EQUIPMENT		YES	NO	N/A	OTHER
1.	Are only trained personnel allowed to operate industrial trucks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is training documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is substantial overhead protective equipment provided on high lift rider equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are the required lift truck operating rules posted and enforced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is directional lighting provided on each industrial truck that operates in an area with less than 2 foot candles per square foot of general lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does each industrial truck have a warning horn, whistle, gong, or other device which can be clearly heard above the normal noise in the areas where operated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are the brakes on each industrial truck capable of bringing the vehicle to a complete and safe stop when fully loaded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Will the industrial trucks' parking brake effectively prevent the vehicle from moving when unattended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are industrial trucks operating in areas where flammable gases or vapors, or combustible dust or ignitable fibers may be present in the atmosphere, approved for such locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Are motorized hand and hand/rider trucks designed so that the brakes are engaged and power to the drive motor is disengaged when the operator releases the control device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Are industrial trucks with internal combustion engine operated in buildings or enclosed areas carefully checked to ensure they do not cause harmful concentration of dangerous gases or fumes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**AA. ENTERING CONFINED SPACES**

	YES	NO	N/A	OTHER
1. Are confined spaces required to be thoroughly emptied of any corrosive or dangerous material, such as acids or caustics, before entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all lines of a confined space containing inert, toxic, flammable, or corrosive materials valved off and blanked or disconnected and separated before entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is it required that all impellers, agitators, or other moving equipment inside confined spaces be locked-out if they present a hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is either natural or mechanical ventilation provided prior to confined space entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are appropriate atmospheric tests performed to check for: oxygen deficiency, toxic substance and explosive concentrations in the confined space entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is adequate illumination provided for the work to be performed in the confined space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the atmosphere inside the confined space periodically tested during conduct of work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there an assigned safety watch employee outside of the confined space whose sole responsibility is to watch the work in progress, sound an alarm if necessary, and render assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the safety watch employee appropriately trained and equipped to handle an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the safety watch employee or other employees prohibited from entering the confined space without lifelines or respiratory equipment if there is any question as to the cause of an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is approved appropriate respiratory equipment required if the atmosphere inside the confined space cannot be made satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is all portable electrical equipment used inside confined spaces either grounded and insulated, or equipped with ground fault protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**AA.. ENTERING CONFINED SPACES**

		YES	NO	N/A	OTHER
13.	Before gas welding or burning is started in a confined space, are hoses checked for leaks, compressed gas bottles forbidden inside of the confined space, torches lighted only outside of the confined area and the confined area tested for an explosive atmosphere each time before a lighted torch is to be taken in the confined space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	If employees will be using oxygen consuming equipment such as salamanders, torches, furnaces, etc., in a confined space, is sufficient air provided to assure combustion without reducing the oxygen concentration of the atmosphere below 19.5 percent by volume?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Whenever combustion type equipment is used in a confined space, are provisions made to ensure the exhaust gases are vented outside of the enclosure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Is each confined space checked for decaying vegetation or animal matter which may produce methane?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Is the confined space checked for possible industrial waste which could contain toxic properties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	If the confined space is below the ground and near areas where motor vehicles will be operating, is it possible for vehicle exhaust or carbon monoxide to enter the space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Are County Confined Space Entry Procedures fully implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**BB. GENERAL ENVIRONMENTAL CONTROLS**

	YES	NO	N/A*	OTHER
1. Are all work areas properly illuminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are employees instructed in proper first aid and other emergency procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are agents identified which may cause harm by inhalation, ingestion, skin absorption or contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are employees aware of the hazards involved with the various chemicals they may be exposed to in their work environment, such as ammonia, chlorine, epoxies, caustics, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is employee exposure to chemicals in the workplace kept within acceptable levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can a less harmful method or product be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the work area's ventilation system appropriate?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are spray painting operations done in spray rooms or booths equipped with an appropriate exhaust system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is employee exposure to welding fumes controlled by ventilation, use of respirators, exposure time, or other means?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are welders and other workers nearby provided with flash shields during welding operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If forklifts and other vehicles are used in buildings or other enclosed areas, are the carbon monoxide levels kept below maximum acceptable levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has there been a determination that noise levels in the facilities are within acceptable levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are proper precautions being taken when handling asbestos and other fibrous materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are caution labels and signs used to warn of asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_



Date \_\_\_\_\_

**BB. GENERAL ENVIRONMENTAL CONTROLS**

		YES	NO	N/A	OTHER
15.	Are wet methods used, when practicable, to prevent the emission of airborne asbestos fibers, silica dust and other similar hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Is vacuuming used whenever possible rather than blowing or sweeping dust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Are employees prohibited from eating in areas where toxic materials are present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Are grinders, saws, and other machines that produce respirable dusts vented to an industrial collector or central exhaust system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Are all local exhaust ventilation systems designed and operating properly to provide air flow and volume necessary for the application for which system is used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Is personal protective equipment provided, used and maintained wherever necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Are there written standard operating procedures for the selection and use of respirators where needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Are restrooms and washrooms kept clean and sanitary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Is all water provided for drinking, washing, and cooking potable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Are all outlets for water not suitable for drinking clearly identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Are employees' physical capacities assessed before being assigned to jobs requiring heavy work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Are employees instructed in the proper manner of lifting heavy objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Where heat is a problem, have all fixed work areas been provided with spot cooling or air conditioning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Are employees screened before assignment to areas of high heat to determine if their health condition might make them more susceptible to having an adverse reaction to heat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**BB. GENERAL ENVIRONMENTAL CONTROLS**

	YES	NO	N/A	OTHER
29. Are employees working on streets and roadways where they are exposed to the hazards of traffic, required to wear bright colored warning vests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Are exhaust stacks and air intakes so located that contaminated air will not be recirculated within a building or other enclosed area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Is equipment producing ultra-violet radiation properly shielded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**CC. TOXIC SUBSTANCES**

	YES	NO	N/A	OTHER
1. Is there a list of chemicals used in your workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If toxic materials are used in your processes, do you have a medical or biological monitoring system in operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are material safety data sheets available for all chemicals used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you familiar with the Threshold Limit Values or Permissible Exposure Limits of airborne contaminants and physical agents used in your workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have control procedures been instituted for toxic materials, where appropriate, such as respirators, ventilation systems, handling practices, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Whenever possible are toxic substances handled in properly designed and exhausted booths or similar locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you use general dilution or local exhaust ventilation systems to control dusts, vapors, gases, fumes, smoke, solvents or mists which may be generated in your workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is ventilation equipment provided for removal of contaminants from such operations as: production grinding, buffing, spray painting, and/or vapor degreasing, and is it operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do employees complain about dizziness, headaches, nausea, irritation, or other factors of discomfort when they use solvents or other chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there a dermatitis problem? Do employees complain about dryness, irritation, or sensitization of the skin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are employees instructed on the correct usage and limitations of respirators? Are respirators NIOSH approved for the particular application? Are they regularly inspected and cleaned, sanitized and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If internal combustion engines are used, is carbon monoxide kept within acceptable levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**CC. TOXIC SUBSTANCES**

	YES	NO	N/A	OTHER
13. Is vacuuming used, rather than blowing or sweeping dusts whenever possible for clean-up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are materials which give off toxic asphyxiant, suffocating or anesthetic fumes, stored in remote or isolated locations when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**DD. CHEMICAL EXPOSURES**

CHEMICAL EXPOSURES		YES	NO	N/A	OTHER	
1.	Are employees trained in the safe handling practices of hazardous chemicals such as acids, caustics, etc.?	[ ]	[ ]	[ ]	[ ]	
2.	Are employees aware of the potential hazards involving various chemicals stored or used in the workplace such as acids, bases, caustics, epoxies, phenols, etc.?	[ ]	[ ]	[ ]	[ ]	
3.	Is employee exposure to chemicals kept within acceptable levels?	[ ]	[ ]	[ ]	[ ]	
4.	Are eye wash fountains and safety showers provided in areas where corrosive chemicals are handled?	[ ]	[ ]	[ ]	[ ]	
5.	Are all containers, such as vats, storage tanks, etc. labeled as to their contents, e.g., "CAUSTICS"?	[ ]	[ ]	[ ]	[ ]	
6.	Are all employees required to use personal protective clothing and equipment when handling chemicals (gloves, eye protection, respirators, etc.)?	[ ]	[ ]	[ ]	[ ]	
7.	Are flammable or toxic chemicals kept in closed containers when not in use?	[ ]	[ ]	[ ]	[ ]	
8.	Are piping systems contents clearly marked as to their content?	[ ]	[ ]	[ ]	[ ]	
9.	Have standard operating procedures been established and are they being followed when cleaning up chemical spills?	[ ]	[ ]	[ ]	[ ]	
10.	Where corrosive liquids are frequently handled in open containers or drawn from storage vessels or pipe lines, are adequate means readily available for neutralizing or disposing of spills or overflows properly and safely?	[ ]	[ ]	[ ]	[ ]	
11.	Where needed for emergency use, are respirators stored in a convenient, clean and sanitary location?	[ ]	[ ]	[ ]	[ ]	
12.	Are respirators intended for emergency use adequate for the various uses for which they may be needed?	[ ]	[ ]	[ ]	[ ]	[ ]

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

13. Are employees prohibited from eating in areas where toxic chemicals are present? ☐ ☐ ☐ ☐
14. Is personal protective equipment provided, used and maintained whenever necessary ☐ ☐ ☐ ☐

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**EE. NOISE**

	YES	NO	N/A	OTHER
1. Are there areas in the workplace where continuous noise levels exceed 85dBA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there an ongoing preventive health program to educate employees in: safe levels of noise, exposures; effects of noise on their health; and the use of personal protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have work areas where noise levels make voice communication between employees difficult been identified and posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are noise levels being measured using a sound level meter and an octave band analyzer and records being kept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have engineering controls been used to reduce excessive noise levels wherever the operation reasonably permits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Where engineering controls are determined to not be feasible, are administrative controls being used to minimize individual employee exposure to noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is approved hearing protective equipment (noise attenuating devices) available to every employee working in noisy areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date \_\_\_\_\_

**FF. FUELING**

	YES	NO	N/A	OTHER
1. Is it prohibited to fuel an internal combustion engine with a flammable liquid while the engine is running?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are fueling operations done in such a manner that likelihood of spillage will be minimal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When spillage occurs during fueling operations, is the spilled fuel washed away completely, evaporated, or other measures taken to control vapors before restarting the engine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are fuel tank caps replaced and secured before starting the engine ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In fueling operations is there always metal contact between the container and the fuel tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are fueling hoses of a type designed to handle the specific type of fuel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is it prohibited to handle or transfer gasoline in open containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are open lights, open flames, or sparking, or arcing equipment prohibited near fueling or transfer of fuel operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is smoking prohibited in the vicinity of fueling operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are fueling operations prohibited in building or other enclosed areas that are not specifically ventilated for this purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Where fueling or transfer of fuel is done through a gravity flow system, are the nozzles of the self-closing type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_



Date \_\_\_\_\_

**GG. IDENTIFICATION OF PIPING SYSTEMS**

	YES	NO	N/A	OTHER
1. When nonpotable water is piped through a facility, are outlets or taps posted to alert employees that it is unsafe and not to be used for drinking, washing or other personal use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When hazardous substances are transported through above ground piping, is each pipeline identified at points where confusion could introduce hazards to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When pipelines are identified by color painting, are all visible parts of the line so identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When pipelines are identified by color painted bands or tapes, are the bands or tapes located at reasonable intervals and at each outlet, valve or connection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When pipelines are identified by color, is the color code posted at all locations where confusion could introduce hazards to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When the contents of pipelines are identified by name or name abbreviation, is the information readily visible on the pipe near each valve or outlet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When pipelines carrying hazardous substances are identified by tags, are the tags constructed of durable materials, the message carried clearly and permanently distinguishable and are tags installed at each valve or outlet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**HH. CONTROL OF HARMFUL SUBSTANCES BY VENTILATION**

	YES	NO	N/A	OTHER
1. Is the volume and velocity of air in each exhaust system sufficient to gather the dusts, fumes, mists, vapors or gases to be controlled, and to convey them to a suitable point of disposal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are exhaust inlets, ducts and plenums designed, constructed, and supported to prevent collapse or failure of any part of the system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are clean-out ports or doors provided at intervals not to exceed 12 feet in all horizontal runs of exhaust ducts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Where two or more different type of operations are being controlled through the same exhaust system, will the combination of substances being controlled, constitute a fire, explosion or chemical reaction hazard in the duct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is adequate makeup air provided to areas where exhaust systems are operating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the source point for makeup air located so that only clean, fresh air, which is free of contaminants, will enter the work environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Where two or more ventilation systems are serving a work area, is their operation such that one will not offset the functions of the other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**II. SANITIZING EQUIPMENT AND CLOTHING**

	YES	NO	N/A	OTHER
1. Is personal protective clothing or equipment that employees are required to wear or use, of a type capable of being cleaned easily and disinfected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are employees prohibited from interchanging personal protective clothing or equipment, unless it has been properly cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are machines and equipment which process, handle or apply materials which could be injurious to employees, cleaned and/or decontaminated before being overhauled or placed in storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are employees prohibited from smoking or eating in any area where contaminants that could be injurious, if ingested, are present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When employees are required to change from street clothing into protective clothing, is a clean change room with separate storage facility for street and protective clothing provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are employees required to shower and wash their hair as soon as possible after a known contact has occurred with a carcinogen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When equipment, materials, or other items are taken into, or removed from a carcinogen regulated area, is it done in a manner that will not contaminate non-regulated areas or the external environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**JJ. TIRE INFLATION**

	YES	NO	N/A	OTHER
1. Where tires are mounted and/or inflated on drop center wheels, is a safe practice procedure posted and enforced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Where tires are mounted and/or inflated on wheels with split rims and/or retainer rings, is a safe practice procedure posted and enforced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does each tire inflation hose have a clip-on chuck with at least 24 inches of hose between the chuck and an in-line hand valve and gauge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the tire inflation control valve automatically shutoff the air flow when the valve is released?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is a tire restraining device such as a cage, rack or other effective means used while inflating tires mounted on split rims, or rims using retainer rings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are employees strictly forbidden from taking a position directly over or in front of a tire while it's being inflated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**KK. FLAMMABLE AND COMBUSTIBLE MATERIALS**

	YES	NO	N/A	OTHER
1. Are combustible scrap, debris and waste materials (oily rags, etc.) stored in covered metal receptacles and removed from the worksite promptly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is proper storage practiced to minimize the risk of fire, including spontaneous combustion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are approved containers and tanks used for the storage and handling of flammable and combustible liquids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all connections on combustible storage drums and liquid piping both vapor and liquid tight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all flammable liquids kept in closed containers when not in use (e.g., parts cleaning tanks, pans, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are bulk drums of flammable liquids grounded and bonded to containers during dispensing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do storage rooms for flammable and combustible liquids have explosion-proof lights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do storage rooms for flammable and combustible liquids have mechanical or gravity ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is liquefied petroleum gas stored, handled, and used in accordance with safe practices and standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are no smoking signs posted on liquefied petroleum gas tanks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are liquefied petroleum storage tanks guarded to prevent damage from vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are all solvent wastes, and flammable liquids kept in fire-resistant, covered containers until they are removed from the worksite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

<b><u>KK. FLAMMABLE AND COMBUSTIBLE MATERIALS</u></b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>OTHER</b>
13.	Is vacuuming used whenever possible rather than blowing or sweeping combustible dust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Are firm separators placed between containers of combustibles or flammable, when stacked one upon another, to assure their support and stability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Are fuel gas cylinders and oxygen cylinders separated by distance, fire resistant barriers, etc., while in storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Are fire extinguisher selected and provided for the types of materials in areas where they are to be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. <u>Class A</u> - Ordinary combustible material fires.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. <u>Class B</u> - Flammable liquid, gas or grease fires.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. <u>Class C</u> - Energized-electrical equipment fires.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Are appropriate fire extinguisher mounted within 75 feet of outside areas containing flammable liquids, and within 10 feet of any inside storage area for such materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Are extinguisher free from obstructions or blockage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Are all extinguisher serviced, maintained and tagged at intervals not to exceed one year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Are all extinguisher fully charged and in their designated places?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Where sprinkler systems are permanently installed, are the nozzle heads so directed or arranged that water will not be sprayed into operating electrical switch boards and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Are "NO SMOKING" signs posted where appropriate in areas where flammable or combustible materials are used or stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**KK. FLAMMABLE AND COMBUSTIBLE MATERIALS**

YES    NO    N/A    OTHER

- |     |   |                          |                          |                          |                          |
|-----|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 23. | Are safety cans used for dispensing flammable or combustible liquids at a point of use?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. | Are all spills of flammable or combustible liquids cleaned up promptly?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. | Are storage tanks adequately vented to prevent the development of excessive vacuum or pressure as a result of filling, emptying, or atmosphere temperature changes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. | Are "NO SMOKING" rules enforced in areas involving storage and use of hazardous materials?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**LL. SPRAYING OPERATIONS**

	YES	NO	N/A	OTHER
1. Is adequate ventilation assured before spray operations are started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is mechanical ventilation provided when spraying operations are done in enclosed areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When mechanical ventilation is provided during spraying operations, is it so arranged that it will not circulate the contaminated air?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the spray area free of hot surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the spray area at least 20 feet from flames, sparks, operating electrical motors and other ignition sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are portable lamps used to illuminate spray areas suitable for use in a hazardous location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is suitable respiratory equipment provided and used when appropriate during spraying operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do solvents used for cleaning have a flash point of 100° Fahrenheit or more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are fire control sprinkler heads kept clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are "NO SMOKING" signs posted in spray areas, paint rooms, paint booths, and paint storage areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the spray area kept clean of combustible residue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are spray booths constructed of metal, masonry, or other substantial non-combustible material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are spray booth floors and baffles non-combustible and easily cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is infrared drying apparatus kept out of the spray area during spray painting operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the spray booth completely ventilated before using the drying apparatus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the electric drying apparatus properly grounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_



Date \_\_\_\_\_

**LL. SPRAYING OPERATIONS**

		YES	NO	N/A	OTHER
17.	Are lighting fixtures for spray booths located outside of the booth and interior lighted through sealed clear panels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Are the electric motors for exhaust fans placed outside booths or ducts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Are belts and pulleys inside the booth fully enclosed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Do ducts have access doors to allow cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Do all drying spaces have adequate ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Date \_\_\_\_\_

**MM. MEDICAL SERVICES AND FIRST AID**

	YES	NO	N/A	OTHER
1. Is there a hospital, clinic, or infirmary for medical care within a 30 minute proximity of the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If medical and first aid facilities are not in proximity, are at least two employees on each shift currently qualified to render first aid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are emergency telephone numbers posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are first aid kits easily accessible to each work area, with necessary supplies available, periodically inspected and replenished as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are means provided for quick drenching or flushing of the eyes and body in areas where corrosive liquids or materials are handled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_



## **PART II**

# **CHECKLISTS**



**County of San Bernardino**  
**SAFETY INSPECTION CHECKLIST**

<b>LOCATION:</b>		<b>INSPECTION DATE:</b>	
<b>DEPARTMENT:</b>		<b>INSPECTED BY:</b>	
<b>DESCRIPTION</b>	<b>O.K.</b>	<b>CORRECTIVE ACTION NEEDED/INITIATED</b>	<b>DATE</b>
<b>WALKING SURFACES</b>			
Aisles/halls correctly established and clear			
No tripping hazards in evidence			
Floors clean, dry, free of hazards			
Carpets and rugs secure, good repair			
Outside walkways, parking areas, in good repair			
<b>STAIRWAYS, RAMPS, STORAGE AREAS</b>			
Adequate lighting suitable for work to be done			
Ramps have non-slip surface			
Stairways clear - not cluttered - good repair			
Emergency lighting in place, functioning			
Handrails/guardrails installed and in good condition			
Hazardous storage appropriate - containers labeled			
Cabinets, shelves, racks - secured against tipping			
<b>DOCUMENTS/RECORDS</b>			
OSHA 300 logs available			
Hazardous Communication/MSDS available			
Training/Meeting documentation maintained			
Required procedures, notices, rules posted			
<b>EQUIPMENT, MACHINES, TOOLS</b>			
Equipment/machines secured, guards in place			
Drawers closed when not in use			
Equipment furniture in good mechanical condition			
Fans guarded, secure from falling or tipping			
Paper cutter equipped with guard; blade spring functioning			
Safe step stools/ladders used when needed (non-rolling)			
Protective equipment available			
Supplies, materials, safely stacked			
Knives, scissors, other sharp tools used/stored correctly			
<b>ELECTRIC HAZARDS</b>			
Machines and equipment grounded			
Extension cords - isobar type only			
Condition of equipment cords (not patched or spliced)			
Condition of plugs and wall outlets			
Electric switch panels clear (at least 30" open area)			
Circuits not overloaded			
Coffee pots (commercial/industrial type only)			
Appliances include safety switches			
<b>FIRE PREVENTION</b>			
Fire extinguishers properly located, marked, inspected			
Emergency/evacuation plan posted			
Fire escapes clear - exits marked			
Fire doors not blocked open			
Sprinkler heads not blocked (24" ceiling clearance)			
Excess paper and trash removed			
<b>SANITATION, WATER SUPPLY, PERSONAL PROTECTION</b>			
Drinking water available			
Condition of toilet facilities			
Condition of approved eating areas			
Food scraps, peels, wrappings disposed of daily			
First-aid kit and supplies available			

USE REVERSE SIDE OF FORM FOR DEPARTMENT/SITE SPECIFIC INSPECTION ELEMENTS

# County of San Bernardino SAFETY INSPECTION CHECKLIST

[illegible]

# FACILITY ACCESSIBILITY CHECKLIST

County: \_\_\_\_\_ Date Of Survey: \_\_\_\_\_

Facility Location: \_\_\_\_\_ Surveyed By: \_\_\_\_\_

## I. SITE ACCESS (EXTERIOR)

### Signs and Identification

- A. Signs provided at accessible parking space.
- B. Signs provided to indicate accessible entries at existing buildings where not the primary entry.
- C. Color of signs, white on a blue background.



### Stairways

- A. All treads and upper approach: 2" wide contrasting strip at nosing.
- B. Handrails required to be 30-34 inches above the nosing of the treads and extend a minimum of 12" beyond the top and bottom nosing.

COMPLY	
YES	NO



## Ramps

### A. Ramp width shall be:

1. 48" if building occupancy is less than 300
2. 60" if building occupancy is 300 or more

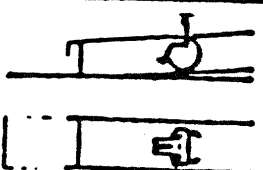
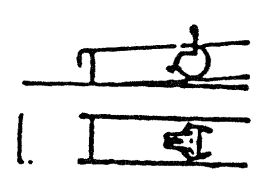
### B. Maximum slope of 1:12.

### C. Surface shall be slip resistant.(broom finish)

### D. Ramp shall have at least 6'- of clearance at bottom.

### E. Ramp shall have at least 5' of clearance at top.

### F. Handrails on each side 30-34" above ramp surface.

<b>CLEARANCE AT BOTTOM OF RAMP</b>	Ramp shall have at least 6 feet of straight clearance at the bottom.	
<b>RAMP WIDTH</b>	Ramp width shall be 48" or 60".	

## PARKING

### A. Width of parking stall shall be 9' with adjacent clear space of 5' and a length of 18'.

### B. Sign on ground and elevated sign. At least one of every eight accessible parking stalls shall have a sign "Van Accessible"

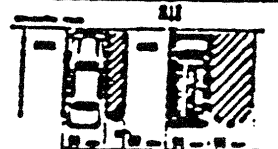
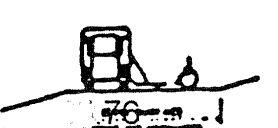
### C. Spaces required:

### D. Maximum slope of 1/4" per foot.

### E. Wheelchair access to walks should not require going behind parked cars.

### F. Parking garage/facility shall have a 8'2" minimum vertical clearance at entrance and to parking space.



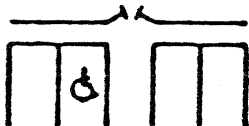
### G. Van Accessible spaces shall be 9' wide with a clear space of 9'.

<b>WIDTH OF STALL</b>	Accessible spaces should be 9 feet wide with clear space of 5 feet except for "Van Accessible".	 Van Accessible Space at End
<b>PARKING SPACE OPEN ON ONE SIDE</b>	Should allow room to get in and out of an automobile onto a level surface which is suitable for wheeling and walking.	 76

COMPLY

YES

NO

<b>SAFE PATH OF TRAVEL</b>	Individuals in wheelchairs or using braces & crutches are not compelled to wheel or walk behind parked cars.																									
<b>ACCESSIBLE PARKING SPACES</b>	Should be set aside and identified for use by persons with disabilities.																									
<b>PROXIMITY TO THE FACILITY</b>	Accessible parking spaces should be close to the facility.																									
<b>NUMBER OF SPACES</b>	<table><tr><th>TOTAL PARKING IN LOT</th><th>REQUIRED MINIMUM NUMBER OF ACCESSIBLE SPACES</th></tr><tr><td>1-25</td><td>1</td></tr><tr><td>26-50</td><td>2</td></tr><tr><td>51-75</td><td>3</td></tr><tr><td>76-100</td><td>4</td></tr><tr><td>101-150</td><td>5</td></tr><tr><td>151-200</td><td>6</td></tr><tr><td>201-300</td><td>7</td></tr><tr><td>301-400</td><td>8</td></tr><tr><td>401-500</td><td>9</td></tr><tr><td>501-1000</td><td>2 percent of total</td></tr><tr><td>1001 and over</td><td>20 plus 1 for each 100 over 1000</td></tr></table>		TOTAL PARKING IN LOT	REQUIRED MINIMUM NUMBER OF ACCESSIBLE SPACES	1-25	1	26-50	2	51-75	3	76-100	4	101-150	5	151-200	6	201-300	7	301-400	8	401-500	9	501-1000	2 percent of total	1001 and over	20 plus 1 for each 100 over 1000
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1001 and over	20 plus 1 for each 100 over 1000																									


## II. BUILDING ACCESS (INTERIOR)

### WALKS AND SIDEWALKS

#### A. Width 48"

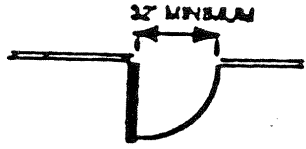
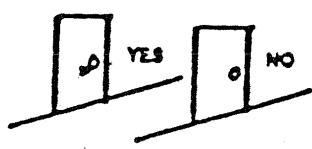
#### ENTRANCE

- Is at least one primary entrance usable by persons in wheelchairs?
- Is the entrance at least 32" wide?
- If entrance is through double doors, is at least one of the openings 32" wide?
- If thresholds are not level with the floor, are they sloped?
- Is there a level landing length of 60" on the swing side of the door?
- Is there a level landing length of 44" opposite the direction of the door swing?
- Is the door hardware operable by a single effort?  
e.g. levered handle
- When the accessible entrance is other than the main entrance, a sign showing its location shall be posted at the main entrance and visible from adjacent sidewalks.

<b>SIGNS FOR ACCESSIBLE ENTRANCE</b>	When the accessible entrance is other than the main entrance, a sign showing its location shall be posted at the main entrance and visible from adjacent sidewalk.	
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COMPLY	
YES	NO

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WIDTH	Doors shall have a clear opening of no less than 32" when open.	
DOOR OPENING EFFORT	Doors shall be operable by a single effort.	

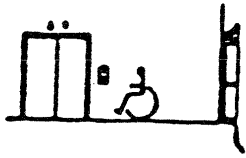

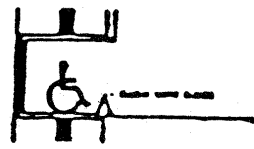
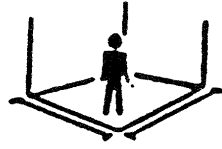
## FLOORS

- A. If there are changes in floor level in public areas, are these areas accessible by ramp or lift?

## ELEVATOR

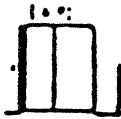
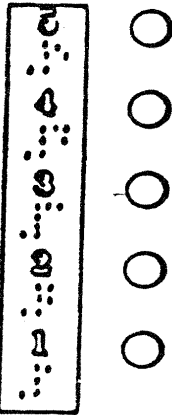
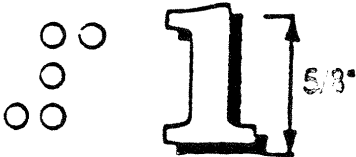
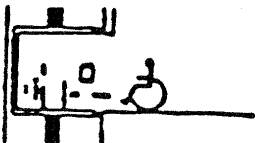
- A. Is elevator marked handicap accessible?
- B. Is opening with doors open at least 32"?
- C. Are inside dimensions at least 68" wide and 51" deep?

COMPLY	
YES	NO

ACCESS TO ELEVATORS	Elevators shall be accessible to persons with disabilities on the level they use to enter the building.	
ELEVATOR DOORS	Shall have a minimum clear opening of no less than 32" when open.	
ELEVATOR CAR THRESHOLD	As much as possible, thresholds shall be flush with the floor.	
ELEVATOR CAR FLOOR AREA	Average turning space required is 60" x 60" or 63" x 56".	

COMPLY	
YES	NO

- D. Are the control buttons less than 48" high ?
- E. Are there floor indicators in Braille and in Arabic numerals ?
- F. Are there raised Braille and Arabic numerals to the left of the control buttons ?  
raised 5/8" high letters ?
- G. If there is a phone in the elevator, is it no more than 48" from the floor ?

DOOR CASINGS	Door casings on all elevator floors shall have number of floor embossed in braille and marked arabic numerals on both sides at a height of approximately <u>42"</u> .	
BRaille AND ARABIC NUMERALS	Elevators shall have braille and marked arabic numerals corresponding to numerals on elevator buttons immediately to the <u>left</u> of buttons.	
ELEVATOR CAR CONTROLS	Elevator controls should be identified with raised arabic numerals and braille symbols that are <u>5/8"</u> in height.	
HEIGHT OF CONTROLS	The control buttons shall be less than 48" from the floor.	

## RESTROOMS

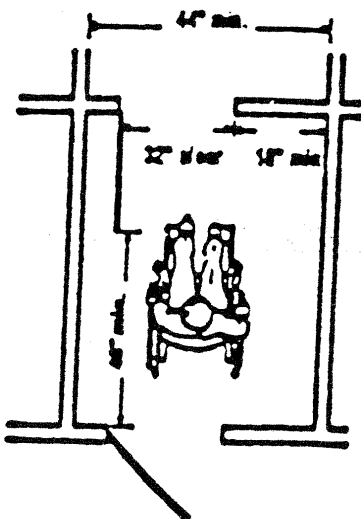
- A. Is the entrance door and/or exit door at least 32" wide?
- B. Is there a clear space for turnaround of 60"?
- C. If there is a vestibule as a part of the entrance, and one or both doors (outer door and inside door) swing into the vestibule, is the space large enough for a wheelchair, 48"?
- D. Are accessible restroom facilities clearly marked?  
When toilet facilities are accessible, a sign showing their location shall be in the building directory, in the main lobby and at any specially used accessible entrance.

### SIGNS FOR ACCESSIBLE TOILET FACILITIES

When special toilet facilities are accessible, a sign showing their location shall be in the building directory, in the main lobby, and at any specially used accessible entrance.



### VESTIBULE



Space is necessary to allow backing and turning space for a wheelchair to clear the inswinging door.

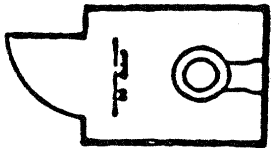
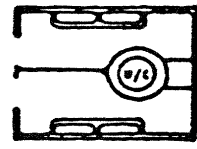
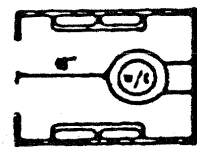

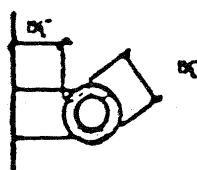
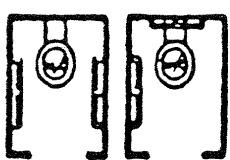
COMPLY

YES

NO

E. Is there at least one stall that:

1. Has a clear entry of 32" if located at the end or 34" if located at a side?
2. Has 48" in front of the stall for either a side or front transfer?
3. Has grab bars on each side or on one side and the back of the stall and at least 33" but not more than 36" from the floor.
4. Has a privacy curtain or door that opens outward.
5. Has door opening/closing hardware that is operable by a single motion?

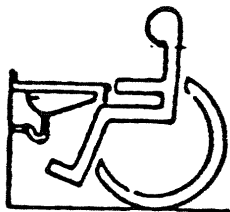
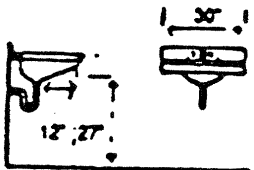

<b>STALL DOOR</b>	Stall door shall be 32" wide and swing out.	
<b>STALL DIMENSIONS</b>	Toilet rooms shall have at least one stall that is 3' wide and at least 4' 8", preferably 5' deep.	
<b>CLEAR SPACE IN FRONT OF WATER CLOSET</b>	At least 48"	
<b>GRAB BARS</b>	Toilet stalls shall have grab bars on each side, 33" high and parallel to the floor. 1 1/2" clearance between grab bars and wall.	
<b>GRAB BAR DIAMETER</b>	Grab bars shall have an outside diameter of 1 1/2".	
<b>LOCATION OF GRAB BARS</b>	Has grab bars on each side or on one side and the back of the stall.	

COMPLY

YES

NO

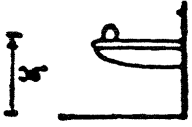
- F. Is there at least one Lavatory with a rim or counter surface no higher than 34" above the floor. A clear space in front of 30" x 48". Hot water and drain pipes insulated?

LAVATORIES	Toilet rooms shall have lavatories with narrow aprons, mounted at standard height and useable by persons in wheelchairs.	
LAVATORY KNEE CLEARANCE	Knee clearance should be 27" high x 12" deep x 30" wide.	
INSULATION OF PIPES	Drain pipes and hot water pipes under a lavatory are covered or insulated so that wheelchair individuals are not burned.	

COMPLY	
YES	NO

## WATER FOUNTAINS

If water fountains are provided, is there one with the basin no more than 36" above the floor or has a paper cup dispenser?




WATER FOUNTAIN HEIGHT	Water fountain basin is no more than 36" from the floor	
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## PUBLIC TELEPHONES

A. If there are telephones available to the public, is at least one equipped with an amplifier for the hearing impaired?

B. Is one usable by a person in a wheel chair?

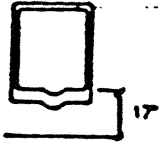
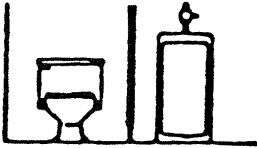
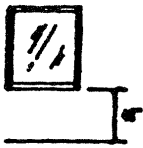
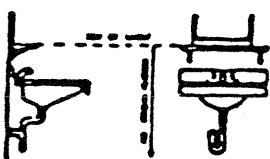

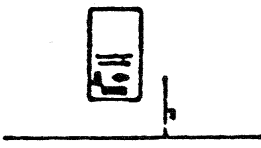
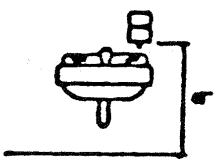

Is there a sufficient clear floor space of 30" by 48" in front of and to the sides to allow an approach by a person in a chair? Are the operable parts no more than 54" above the floor for side reach or 48" for forward reach.

HEIGHT OF PUBLIC TELEPHONES	Telephones should be placed so the dial and handset can be reached by individuals in wheelchairs. (54" or 48")	
KNEE & TOE SPACE BELOW TELEPHONE	Knee & toe space is 27" high.	
AUDIO AMPLIFICATION	When provided, at least one public telephone should be equipped for those with hearing disabilities and so identified with instructions.	 83

COMPLY	
YES	NO



- G. Is there at least one urinal with basin floor level or maximum of 17" above the floor?
- H. Is at least one towel or sanitary napkin dispenser with operating parts within 40" of the floor?
- I. Is there at least one mirror usable by a person in a wheelchair within 40" from the floor?

			COMPLY	
			YES	NO
<b>WALL-MOUNTED URINALS</b>	Wall-mounted urinals shall have basin opening a maximum of 17" from the floor.			
<b>FLOOR-MOUNTED URINALS</b>	Floor-mounted urinals shall be level with the main floor of the toilet room.			
<b>MIRRORS</b>	At least one mirror shall be provided above lavatories with bottom edge 40" from the floor.			
<b>SHELVES</b>	If there are shelves one shall be provided above lavatories 40" from the floor, measured from the top of the shelf.			
<b>TOWEL DISPENSERS</b>	At least one shall be mounted no higher than 40" from the floor.			
<b>SANITARY NAPKIN DISPENSERS</b>	At least one shall be mounted no higher than 40" from the floor.			
<b>SOAP DISPENSERS</b>	At least one shall be mounted no higher than 40" from the floor.			
<b>TOILET SEAT COVER DISPENSERS</b>	One shall be in stall that is accessible and shall be mounted no higher than 40" from the floor.			

# Draft Safety Inspection Form

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Inspector: \_\_\_\_\_ Signature: \_\_\_\_\_

## Machinery & Tools

YES

NO

N/A

Well Maintained

Properly Grounded

Guards in Place

Proper Lighting

Adequate Ventilation

Hoses & Cords in Good Condition

## Signs

YES

NO

N/A

Exits Marked

Safety Areas Marked Around Equipment

Evacuation Routes Posted

Electrical Outlets Marked

Air/Gas/Fluid Outlets Marked

Emergency Phone Numbers Posted

No Smoking Posted

## Personal Protective Equipment (PPE)

YES

NO

N/A

Readily Available

Good Condition

Employees Trained to Use

Adequate for Task

## Hazardous Material

YES

NO

N/A

Containers Properly Labeled

Containers Covered Properly

Absorbents Available

Waste Stream Documented

MSDS Available

Business Plan Current

## General

YES

NO

N/A

Safety Meetings Conducted Monthly

Facility Neat

Comments:

# Draft Safety Inspection Form

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Inspector: \_\_\_\_\_ Signature: \_\_\_\_\_

<b>Machinery &amp; Tools</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Well Maintained			
Properly Grounded			
Guards in Place			
Proper Lighting			
Adequate Ventilation			
Hoses & Cords in Good Condition			
<b>Signs</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Exits Marked			
Safety Areas Marked Around Equipment			
Evacuation Routes Posted			
Electrical Outlets Marked			
Air/Gas/Fluid Outlets Marked			
Emergency Phone Numbers Posted			
No Smoking Posted			
<b>Personal Protective Equipment (PPE)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Readily Available			
Good Condition			
Employees Trained to Use			
Adequate for Task			
<b>Hazardous Material</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Containers Properly Labeled			
Containers Covered Properly			
Absorbents Available			
Waste Stream Documented			
MSDS Available			
Business Plan Current			
<b>General</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Safety Meetings Conducted Monthly			
Facility Neat			

**Comments:**

COUNTY OF SAN BERNARDINO  
TRANSPORTATION/FLOOD CONTROL DEPARTMENT  
SEMI - ANNUAL SAFETY INSPECTION

LOCATION: \_\_\_\_\_ INSPECTION DATE: \_\_\_\_\_  
INSPECTORS: \_\_\_\_\_

DESCRIPTION:	CORRECTIVE ACTION NEEDED/INITIATED:	DATE DONE:
<b>SUPERVISOR'S OFFICE AREA:</b>		
Quarterly Inspection Forms		
Storage		
Evacuation Plan		
Form 200 File		
Employee Health and Safety Manual		
Key Safe/Equipment Safe		
First Aid Kits		
OSHA Publications		
<b>EMPLOYEE'S OFFICE AREA:</b>		
Storage		
Restrooms		
<b>FLOOD CONTROL STORAGE AREA:</b>		
Storage		
<b>OIL SHED:</b>		
Storage		
<b>SHOP AREA:</b>		
Storage		
Air Compressor/Air Supply		
EHD Permits		
Ladders		
Drills		
Fans		
<b>LOFT AREA:</b>		
Storage		
Stairs/Hand Rails		
<b>YARD AREA:</b>		
Storage		
NPDES Supplies		
Propane Tank		
Tire Chains		
Lighting		
Fencing		
Culvert Systems		
Hoppers		
Sumps		
Asphalt		
<b>RESIDENCE:</b>		
<b>FIELD AREA:</b>		
Work Zones		
Personal Protection		

OTHER COMMENTS

**NPDES FACILITY SITE WALK CHECKLIST**  
**for San Bernardino County Transportation/Flood Control Department -**

AREAS/ITEMS TO BE INSPECTED		INSPECTION PERFORMED			
		YES	NO**	NA	COMMENTS
<b>INSPECT ITEMS 1-5 FOR COMPLIANCE/NOTE WHETHER ITEMS 6-8 ARE ADDRESSED/ OBSERVE WHETHER ITEMS 9-12 ARE ADDRESSED:</b>					
1.	Outdoor areas where trash, waste, and scrap materials are stored.				
2.	Outdoor areas where new materials and supplies, especially liquids, are stored.				
3.	Fueling islands.				
4.	Outside areas where vehicles/equipment maintenance is performed.				
5.	Areas immediately outside of buildings in which vehicle/equipment maintenance is performed				
6.	Areas where vehicle/equipment washing is performed				
7.	Materials are properly contained, stored, and disposed of.				
8.	Areas where vehicles, equipment, and materials should be covered with a tarp, moved indoors, or provided with a drip pan while parked or stored.				
9.	Spills, leaks, and drips have been cleaned up and where absorbent and containers for used materials need to be provided.				
10.	Buckets containing liquids are stored in designated areas.				
11.	All drums and containers are properly labeled as to their contents.				
12.	Hoses are present and marked for what they are used for.				
13.	Non-stormwater discharges (e.g., washwater) or excessive roof drainage is contacting contaminated areas of the facility and contributing to nonpoint source pollution.				
<b>ADDITIONAL AREAS/ITEMS INSPECTED:</b>					

\*\* Explain in the Comments column why the area/item was not inspected and what action, if any, needs to be taken

**NPDES ANNUAL YARD/FACILITY INSPECTION REPORT**  
**for San Bernardino County Transportation/Flood Control Department -**

FACILITY ACTIVITIES		BEST MANAGEMENT PRACTICES IMPLEMENTED			
		YES	NO**	NA	COMMENTS
<b>MATERIAL LOADING/UNLOADING/HANDLING/STORAGE:</b>					
1.	Are loading/unloading areas covered?				
2.	Is the use of safer alternative products promoted?				
3.	Are wastes tracked, re-used, and recycled properly?				
4.	Are materials stored indoors or in covered and bermed areas?				
5.	Is secondary containment provided, where appropriate?				
6.	Are materials stored in covered, bermed areas?				
7.	Are materials and waste containers covered and/or have lids?				
8.	Are material stockpiles stored indoors or covered with a roof or tarp?				
9.	Are materials returned to designated storage areas after use?				
10.	Are storage areas and material containers protected from equipment and vehicle traffic?				

FACILITY ACTIVITIES		BEST MANAGEMENT PRACTICES IMPLEMENTED			
		YES	NO**	NA	COMMENTS
<b>FILLING OF ABOVE GROUND STORAGE TANKS (AST)/UNDER GROUND STORAGE TANKS (UST):</b>					
1.	Is the filling of ASTs/USTs monitored?				
2.	Do ASTs have secondary containment where appropriate?				
3.	Is secondary containment in place during filling of ASTs/USTs?				

**NPDES ANNUAL YARD/FACILITY INSPECTION REPORT (Continued)**  
**for San Bernardino County Transportation/Flood Control Department -**

FACILITY ACTIVITIES		BEST MANAGEMENT PRACTICES IMPLEMENTED			COMMENTS
		YES	NO**	NA	
<b>DISPENSING FUEL</b>					
1.	Is fuel monitored?				
2.	Are signs posted warning against "topping off" and requiring monitoring during fuel operations?				
3.	Are pump shut off valves clearly marked?				
4.	Is the fueling area designed to prevent runoff of stormwater and runoff of spills?				

FACILITY ACTIVITIES		BEST MANAGEMENT PRACTICES IMPLEMENTED			COMMENTS
		YES	NO**	NA	
<b>VEHICLE/EQUIPMENT MAINTENANCE</b>					
1.	Is there a preventive maintenance program?				
2.	Are maintenance activities conducted indoors or under cover?				
3.	Are maintenance activities conducted on paved surfaces in designated areas?				
4.	Are vehicle and equipment wastes collected, recycled, and disposed of properly?				

**NPDES ANNUAL YARD/FACILITY INSPECTION REPORT (Continued)**  
**for San Bernardino County Transportation/Flood Control Department -**

		BEST MANAGEMENT PRACTICES IMPLEMENTED			
		YES	NO**	NA	COMMENTS
<b>FACILITY ACTIVITIES</b>					
<b>VEHICLE/EQUIPMENT PARKING AND STORAGE</b>					
1.	Are vehicles and equipment kept off erodible areas?				
2.	Are vehicles and equipment parked and stored in designated areas only?				
3.	Are drip pans placed under stored vehicles and equipment to contain leaks?				

		BEST MANAGEMENT PRACTICES IMPLEMENTED			
		YES	NO**	NA	COMMENTS
<b>FACILITY ACTIVITIES</b>					
<b>VEHICLE/EQUIPMENT/MATERIAL WASHING AND STEAM CLEANING</b>					
1.	Are signs prohibiting vehicle and equipment washing and steam cleaning posted?				
2.	Are washing and steam cleaning activities performed off site at commercial facilities or in designated areas?				
3.	Are designated wash areas covered and bermed?				
4.	Are washing and steam cleaning discharges prevented from entering the storm drain system?				



**NPDES ANNUAL YARD/FACILITY INSPECTION REPORT (Continued)**  
**for San Bernardino County Transportation/Flood Control Department -**

FACILITY ACTIVITIES		BEST MANAGEMENT PRACTICES IMPLEMENTED			COMMENTS
		YES	NO**	NA	
<b>LEAK AND SPILL CLEANUP</b>					
1.	Are leaks and spills cleaned up immediately using dry methods (i.e., brooms, rags, or absorbents)?				
2.	Are materials to clean up spills and leaks easily accessible and clearly marked?				
3.	Are used absorbents and spill clean up materials and contaminated soils promptly and properly disposed?				

FACILITY ACTIVITIES		BEST MANAGEMENT PRACTICES IMPLEMENTED			COMMENTS
		YES	NO**	NA	
<b>LANDSCAPE, GARDEN, AND GENERAL MAINTENANCE AND CLEANING</b>					
1.	Have non-storm discharges to the storm drains been eliminated or permitted?				
2.	Are good housekeeping practices implemented and reminders posted in appropriate locations?				
3.	Are work areas and outside areas kept clean and orderly?				
4.	Are garbage and waste materials collected and disposed of regularly?				
5.	Is the use of less harmful (i.e., safer alternative) products promoted?				
6.	Are employees trained and regularly informed of BMPs and good housekeeping practices and trained in the use of spill control materials?				

\*\* Indicate in the "Comments" column what action will be taken to implement the BMP or that the BMP is no longer appropriate.

Name: \_\_\_\_\_  
 Signed: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Date: \_\_\_\_\_

# Safety/Risk Management Rounds

## Situation or Hazard Observed

Time & Date: \_\_\_\_\_

Department/Unit/Area (as applicable): \_\_\_\_\_

Building/location: \_\_\_\_\_

Check and/or describe Issues:

☐ **Security**

☐ Lack of proper facility I.D.

☐ Failure to lock or secure window/doors.

☐ \_\_\_\_\_

☐ Other/Comments: \_\_\_\_\_

☐ **Infection Control:** ☐ Improper sharps disposal \_\_\_\_\_

☐ Inappropriate use of Medical Red Bag waste disposal.

☐ Personal Protective Equipment dispenser(s) stock empty.

☐ Food/beverage in restricted area.

☐ Clean or soiled linen stored improperly. \_\_\_\_\_

☐ Inappropriate use of P.P.E. \_\_\_\_\_

☐ Other/Comments: \_\_\_\_\_

☐ **Personal Safety:** ☐ Failure to comply with Life Safety/Fire regulations. \_\_\_\_\_

☐ Obstruction of walkway, equipment stored on both sides of hall. \_\_\_\_\_

☐ Failure to take safety precautions. \_\_\_\_\_

☐ Improper chemical usage/labeling

☐ Failure to post warning sign

☐ Failure to clean up spill

☐ Improper lifting techniques

☐ Improper/lack of, use of back support

☐ Other/Comments: \_\_\_\_\_

Rounds conducted by: \_\_\_\_\_

Safety Subcommittee Reps. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Response requested. Return to: \_\_\_\_\_ By: \_\_\_\_\_

## LOSS CONTROL CHECKLIST

ITEM	YES	NO	N/A
<b>Outdoor walks</b>			
Surfaces are level			
Surfaces are free of cracks/bulges			
Surfaces are properly pitched			
Surfaces are paved			
Surfaces are properly illuminated			
Surfaces are free of debris			
<b>Indoor Walks:</b>			
Surfaces are level			
Surfaces are free of cracks/bulges			
Surfaces are not slippery			
Surfaces are free of highly waxed areas			
Carpets are firmly fastened in place			
Areas between carpets and other surfaces are free of gaps			
Flooring tiles are not slippery			
Terrazzo flooring is not slippery			
Marble flooring is not slippery			
Mats are available to cover terrazzo/marble flooring in case of rain or snow			
Surfaces are free of debris.			
<b>Staircases:</b>			
Steps are uniform and meet the design requirements of local/state codes.			
Handrails are provided			
Winding/spiral/circular staircases are not used			
Doors do not open onto staircases			
Landings are level and well designed			
Stair cases and landings are well illuminated			
Landings and staircases are free of debris			
Landings and staircases are well maintained			
Warning signs are installed in critical areas			

ITEM	YES	NO	N/A
<b>Balconies</b>			
Surfaces are free of irregularities			
Surfaces are not slippery			
Carpets are fastened in place and are free of holes			
Guardrails are provided around the periphery			
The spacing between railings is limited to 4-8 inches			
Surfaces are adequately illuminated			
<b>Ramps</b>			
Surfaces are free of irregularities			
The slope of the ramp is 4-15 degrees			
Surfaces are paved with non-slip material			
Ramps are equipped with handrails			
Handrails are 30-34 inches above the walking surface			
Peripheral areas are free of projections			
Ramps are at least 36 inches wide			
Landings are provided at points of turning, entrance, and exit			
<b>Parking lots</b>			
Surfaces are smooth and free from potholes			
Surfaces are paved with weather resistant materials			
Spacing of cars is established by markers			
Wheel stops are provided for each space			
Speed bumps are properly designed			
Markings are provided in handicapped zones			
Safe access routes in parking lots are marked			
Illumination is adequate			
<b>Bathrooms</b>			
Surfaces are smooth			
Surfaces are free of puddles			
Surfaces are not slippery			
Tub and shower areas are equipped with grab bars			

## ENVIRONMENTAL ROUNDS SURVEY CARE AREAS

Area Surveyed: \_\_\_\_\_  
Sent to Department: \_\_\_\_\_

STAFF KNOWLEDGE	YES	NO	COMMENTS	CORRECTIVE ACTION
Employees demonstrate proper lifting techniques?				
Safety rules reviewed on a periodic basis? Date of last training?				
Emergency procedures posted and reviewed with employees?				
Employees can describe role in case of fire?				
Employees can describe role in case of disaster?				
Employees can identify location of MSDS sheets for chemicals used by department?				
Employees know what MSDS stands for?				
What sign indicates infectious material?				
What is the #1 method for preventing the spread of infection?				
Employees can describe fire bell sequence for their area and adjacent areas?				
<b>INFECTION CONTROL PRACTICES</b>				
Personal protective equipment available? Personal protective equipment worn?				
Universal Precautions are demonstrated at all times?				
Employees wear gloves in patient rooms?				
Employees wear gloves outside patient room?				
Employees can demonstrate proper handwashing technique?				
<b>EQUIPMENT/FACILITY MANAGEMENT:</b>				
All patient bathing areas have grab bars?				
All patient bathing areas have functioning nurse call systems?				
Patient bathroom doors that are locked from inside have external release mechanism?				
Floor surfaces free of cracks, holes and tripping hazards?				
Lights in proper working order?				

	YES	NO	COMMENTS	CORRECTIVE ACTION
Electrical cords are in good condition, without fraying?				
All electrical equipment in patient care areas have three prong grounded plugs or double-insulated plugs?				
Are electrical outlets in good condition and properly grounded?				
Ventilators are plugged into emergency outlets?				
<b>HOUSEKEEPING PRACTICES:</b>				
Areas clean?				
Areas are orderly?				
Areas are safely arranged?				
Floors are dry and free of slippery material?				
Floors, furniture and walls are clean and free of spilled items?				
Employees examine linen for sharp objects before changing? (Please demonstrate)				
How do you check linen for sharp objects? (Explain)				
Clean and soiled linen are in proper areas?				
Dirty linen on floor?				
Clean linen on window sills?				
Clean linen covered on carts?				
Stairwells are clean and well lighted?				
All spills are cleaned up immediately?				
Is the refrigerator clean? Are open cans dated and not expired?				
Is equipment clean? (ie rolling stock - wheelchairs, IV poles, medication carts)				
Are sharps container removal and replaced before they are full?				
<b>GENERAL SAFETY PRACTICES</b>				
Heavy items are stored high and not close to sprinkler hear? (Must be 18" below sprinkler)				
High storage is stable?				
Storage is at least 3" above floor?				
Patient rooms and corridors are free of unnecessary equipment and obstructions?				
Exits well marked or lighted?				
Fire exits accessible?				
No fire hazards present?				
Are fire extinguishers/pulls unobstructed?				
Fire extinguishers are inspected semiannually?				

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## INTERVIEW QUESTIONS FOR SAFETY/ENVIRONMENTAL ROUNDS

1. Where are your Policies and Procedures kept? Do you have a separate Safety Manual?
2. Do you employees receive annual training? (Ed Day)  
How does the Department Manager know if the employee has completed the annual training?
3. Are the employees aware of the hospital smoking policies?
4. Are the employees allowed to eat or drink in their work areas?
5. Are employees using Universal precautions? (i.e. gloves, eye protection)?
6. Are the employees of this department trained in lifting and transporting heavy objects? (i.e. patients, etc.).
7. Are the employees aware of how to properly dispose of syringes, needles, glassware? (Where applicable).
8. Are the employees of this department educated in the machinery or other items specific to the department?  
Is this policy carried out for both new employees and transfer employees?  
Is this policy carried out with the acquisition of new equipment?
9. What are two or three pieces of equipment unique to this department?  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_
10. Are the employees aware of how they are to report faulty equipment?
11. Are the employees aware of how to obtain equipment?
12. Do the employees review, and understand the Fire Plan for your department?
13. Do the employees know the location of the fire alarms?
14. Are the employees aware of the evacuation routes for their work area?
15. Do the employees know the location and use of the fire extinguishers in this department?



## INTERVIEW QUESTIONS FOR SAFETY/ENVIRONMENTAL ROUNDS

16. Are the employees of this department trained in electrical safety precautions and procedures?
17. Are the employees aware of the locations of the emergency power outlets?
18. Do the employees know how to report potential electrical problems?
19. Are the employees of this department trained in the emergency responses to dangerous spills?
20. Do all the employees know where the MSDS is located?
21. Does anyone in your department ever need to pour chemicals or liquids from a larger to a smaller container?  
If YES: Is proper labeling used on the smaller container?
22. Are there any flammable liquids used in this department?  
If YES: Are these liquids stored in a metal cabinet?
23. Is the Disaster Plan reviewed with the employees periodically?
24. Are the employees aware of where the emergency phone or back-up communication systems are located?
25. Are step ladders used in this department?  
If YES: Do all step ladders used have non-skid surfaces on them?

# SAFETY SURVEILLANCE ENVIRONMENTAL ROUNDS

DATE: \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_

INSPECTED BY \_\_\_\_\_

## GENERAL

YES NO ACTION TAKEN

1. Furniture and fixtures free from sharp edges			
2. Aisles and passageways are clear and provide easy movement			
3. Floors provided with non-slip surfaces			
4. Stairways equipped with standard handrails			
5. Safety treads provided on all step-stools and step-ladders			
6. Non-slip tread on stairways			
7. All electrical machinery in good condition and properly grounded			
8. Electrical cords and phone cables secured to prevent tripping hazards			
9. Employees instructed on use of machines			
10. Storage and equipment areas clean and orderly			
11. Flammable materials stored in metal cabinets			
12. No Smoking rule enforced			
13. Employees instructed in Fire Emergency procedures			
14. Fire extinguishers properly charged and free from obstruction			
15. Fire Evacuation Routes diagrammed and posted			
16. Fire escape and exit signs in working order			
17. All lights in working order			

## PLANT OPERATIONS

1. Ladders in good condition, equipped with safety tread, metal ladders marked properly			
2. Electrical equipment, extension cords properly grounded			
3. Flammable liquids stored in approved containers			
4. Fire extinguishers of correct type for each location			
5. Protective equipment, devices, clothing used as required			
6. Shop areas clean and orderly			
7. Fire alarms tested regularly			

## ENVIRONMENTAL SERVICES

1. Adequate and proper storage space for tools and materials			
2. Vacuum cleaners, floor polishers and other equipment in good repair			
3. Electrical tools properly grounded			
4. Floor areas blocked off when being mopped, waxed etc.			

ENVIRONMENTAL SERVICES CONTINUED			
5.	Proper tools used on each job	YES	ACTION TAKEN
6.	Needle disposal container provided at strategic locations	NO	

#### FOOD SERVICE

1.	Electrical appliances in good working order and properly grounded		
2.	All machinery equipped with proper guards		
3.	Sharp tools handled with care and safely stored		
4.	Floors, walls and ceilings free of cracks, holes or other irregularities		
5.	Adequate exhaust vents on all cooking units		
6.	Vents equipped with proper filters and regularly cleaned		
7.	Adequate food storage to prevent contamination		
8.	Hairnets or other hair covering worn		
9.	Drain lines cleaned on regular basis		
10.	Broken, cracked or chipped glass or china properly handled and discarded		
11.	Mobile food carts in good operating condition		
12.	Instruction given on proper use of equipment		
13.	Hand trucks and dollies properly used		
14.	Safety latch on walk-in refrigerators and freezer doors		
15.	All pilot lights and dials on gas units work		
16.	Pot holders available and used by cooks		
17.	Stability of cafeteria tables and chairs		

#### NURSING

1.	Furniture in patient rooms safety arranged		
2.	All doors and drawers kept closed		
3.	Oxygen/isolation precaution signs posted		
4.	Infectious/inoperative equipment tagged/reported		
5.	Defective/inoperative equipment tagged/reported		
6.	Patient food trays safety arranged and handled		
7.	All drugs, chemicals and acids safety handled and stored		
8.	Food and medication stored separately		
9.	Equipment and materials in storage rooms raised off floors		
10.	Electrical equipment equipped with 3-way plugs		

## LABORATORY

1. Eyebath and safety showers or equivalent devices available in high hazard areas and access clear				
2. All chemical supplies clearly labeled				
3. Needle disposal containers not overfilled				
4. Bunsen burners adjusted and safety placed				
5. Centrifuges covered when in operation				
6. Storage of flammable liquids kept in approved safety cabinet				

## SURGERY

1. Oxygen and gas connections checked regularly				
2. Gas cylinders properly secured to prevent falling				
3. Cylinders removed from room when empty				
4. Electrical equipment in good condition, properly grounded				
5. Wheels locked on operating table when transferring patients				
6. Sharp instruments properly handled				
7. Autoclave doors closed when not in use				
8. Floors free of all foreign material				
9. Protective equipment, devices and clothing used as required				
10. Electrical equipment equipped with 3-way plugs				

## RADIOLOGY

1. Contamination disposal procedures followed				
2. All chemical supplies clearly labeled				
3. Electrical equipment properly grounded				
4. Needle disposal containers not overfilled				
5. Wheelchairs and gurneys checked for unsafe conditions				
6. Radioactive material properly checked and stored				

## RESPIRATORY THERAPY

1. All electrical machinery in good condition and properly grounded				
2. Flammable materials stored in metal containers				
3. Protective equipment, devices and clothing used as required				
4. Needle disposal containers not overfilled				
5. All "H" cylinders in gas storage room capped and chained				
6. All "E" cylinders in racks or stands in gas room				
7. All "E" cylinders in stands in all other Medical Center areas				
8. All life support equipment plugged into "RED" sockets				

## CENTRAL SERVICE

	YES	NO	ACTION TAKEN
1. Protective equipment, devices and clothing used as required			
2. Flammable materials stored in metal cabinets			
3. Employees instructed on use of machines			
4. Furniture and fixtures free of sharp edges			
NON SPECIFIED			

[illegible]

YES = FULL COMPLIANCE	NO = CON-COMPLIANCE, REQUIRES NOTIFICATION IN ACTION TAKEN
-----------------------	--

**ADDITIONAL INFORMATION:**

This image shows a blank page from a document. There are some very faint, blurry horizontal marks near the top edge, which appear to be either scanning artifacts or extremely faded text. The rest of the page is completely white and contains no legible information.

# OFFICE SAFETY CHECKLIST

Department \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_

ITEM NUMBER	ITEM CHECKED	YES	NO	N/A
	<b>WORK ENVIRONMENT</b>			
1	Is the facility free of environmental hazards – dust, chemicals, radiation, welding rays, excess heat or cold, or excessive noise – that result from job performance?			
2	Are all work areas clean, sanitary, orderly and adequately illuminated?			
3	Is combustible scrap, debris, and waste stored safely and removed from the worksite promptly?			
4	Is equipment that produces ultra-violet light properly shielded?			
	<b>POSTINGS: EMERGENCY INFORMATION</b>			
5	Are emergency phone numbers posted where they can be readily found in case of an emergency?			
6	Are fire evacuation procedures posted?  NOTE: In the County of San Bernardino, emergency evacuation drills are required twice each calendar year. One drill should be during the first week in April in connection with the statewide emergency exercise.			
7	Is emergency information posted in every area where hazardous waste is stored?			
	<b>FIRE PREVENTION/CONTROL</b>			
8	If the facility has a non-supervised fire alarm system, is it tested bimonthly?			
9	If the facility has a supervised fire alarm system (that is, the system indicates malfunctions), is it tested yearly?  NOTE: This testing includes any installed smoke detector and fire alarm systems.			
10	Do solvents used for cleaning have a flashpoint of 100 degrees F or more?			
11	Are fire doors and shutters in good operating condition?			
12	Are fire doors and shutter fusible links in place?			
13	Are fire doors and shutters unobstructed and protected against obstructions, including their counterweights?			
14	Are fire control sprinkler heads kept clean?			
15	Are automatic sprinkler system water control valves, air and water pressure checked weekly/periodically as required?			
16	Are sprinkler heads protected by metal guards when exposed to physical damage?			
17	Is proper clearance maintained below sprinkler heads?			

ITEM NUMBER	ITEM CHECKED	YES	NO	N/A
	<b>FIRE PREVENTION/CONTROL (Cont'd)</b>			
18	Are appropriate fire extinguishers mounted, located, and identified so that they are readily accessible to employees?			
19	Are all fire extinguishers inspected and recharged regularly, and noted on the inspection tag?  NOTE: Refer to the separate checklist for portable fire extinguisher inspections.			
	<b>EXITS</b>			
20	Are exits properly marked?			
21	Does lighting in hallways and exit signs conform to government standards? (5 foot-candles)			
22	Are there emergency power supplies for lights and exits signs?  NOTE: Illuminated exit signs are required to have both bulbs functional. Emergency lighting is supposed to be tested quarterly.			
23	Are exits kept free of obstructions?  NOTE: Exits start with egress routes that start at individual workstations. All egress routes must be maintained free of obstructions. Walkways must have 36 inches of clear space; main aisles and halls must have 48 inches of clearance.			
24	Are the directions to exits, when not immediately apparent, marked with visible signs?			
25	Are doors, passageways or stairways that are neither exits nor access to exits and which could be mistaken for exits, appropriately marked "NOT AN EXIT," "TO BASEMENT," "STOREROOM," etc.?			
26	Are doors that are required to serve as exits designed and constructed so that the way of exit travel is obvious and direct?			
27	Can an exit door be opened from the direction of exit travel without the use of a key or any special knowledge or effort when the building is occupied?			
28	Are windows, which could be mistaken for exit doors, made inaccessible by means of barriers or railings?			
	<b>WALKWAYS</b>			
29	Are materials or equipment stored in such a way that sharp objects will not interfere with the walkway?  NOTE: Wrinkled or worn carpeting can be a hazard to normal passage and aggravate emergency egress conditions.			
30	Are pits and floor openings covered or otherwise guarded?			
31	Are temporary barricades in place to restrict traffic around the area of any renovations?			
32	Are standard guardrails provided wherever aisle or walkway surfaces are elevated more than 36 inches above any adjacent floor or the ground?			
	<b>STAIRS</b>			
33	Are stair railings of standard height? (30" to 34" above stair tread surface)			
34	Does every stairway with four or more treads have a handrail?			

ITEM NUMBER	ITEM CHECKED	YES	NO	N/A
<b>STAIRS (Cont'd)</b>				
35	Are risers uniform in height and conform to proper height?			
36	Are standard railings provided on the open side of exposed stairs?			
37	Are all stairways at least 22 inches wide?			
38	Do stairs rise at an angle of no more than 50 degrees and no less than 30 degrees?			
39	Are stair treads designed or provided with a surface that renders them slip resistant?			
40	Where stairs or stairways are present in any area where vehicles may be operated, are adequate barriers and warnings provided to prevent employees from stepping into the path of traffic?			
41	Where doors or gates open directly on a stairway, is there a platform provided so [that] the swing of the door does not reduce the width of the platform to less than 21 inches?			
42	Are stairway handrails capable of withstanding a load of 200 pounds, applied within two inches of the top edge, in any downward or outward direction?			
<b>ELECTRICAL SYSTEMS</b>				
43	Is sufficient access and working space provided and maintained about all electrical equipment to permit ready and safe operations and maintenance?			
44	Are all cord and cable connections intact and secure?			
45	Are all disconnecting switches and circuit breakers labeled to indicate their use or equipment served?			
46	Are all unused openings (including conduit knockouts) in electrical enclosures and fittings enclosed with appropriate covers, plugs, or plates?			
47	Are switches, receptacles, etc., provided with tight- fitting covers or plates?			
48	Where extension cords are in use, do they have a grounding conductor?			
49	Are electrical appliances such as vacuum cleaners, polishers, vending machines, extension cords, etc., grounded?			
50	Are exposed wiring and cords with frayed or deteriorated insulation repaired or replaced promptly?			
51	Are flexible (extension) cords and cables free of splices or taps?			
52	Is the use of multiple plug adapters prohibited?			
<b>WORKSTATIONS</b>				
53	Does the working space allow for a full range of work movements?			
54	Is the workstation designed to minimize or eliminate twisting at the waist, reaching above the shoulder, bending at the waist, static muscle loading, extension of the arms, bending or twisting of the wrist, and elevation of elbows?			



ITEM NUMBER	ITEM CHECKED	YES	NO	N/A
<b>WORKSTATIONS (Cont'd)</b>				
55	Are mechanical aids and equipment provided where feasible?			
56	Are all task requirements visible from comfortable positions?			
57	Is the work surface height proper and adjustable?			
58	Have actions been taken to prevent employees' hands and arms from being subjected to pressure from sharp edges on work surfaces?			
59	Are armrests and footrests provided where needed?			
60	Are wrist supports present at computer workstations?			
61	Are cushioned floor mats provided for workers who are required to stand for long periods?			
62	Where chairs or stools are provided, are they easily adjustable and suited to the task?			
63	Have computer monitors been adjusted to minimize the glare on their screens?			
64	Where there are overhead bins/cabinets, are the doors closed when access is not required and fully open when access is required?			
65	Where the workstation is equipped with a keyboard tray, does the occupant have comfortable and full access to the tray?			
66	Is all heavy equipment kept at least four (4) inches from the edge of the work surface?			
67	Have all sharp edges (that could injure employees or snag clothing) been eliminated from furniture?			
<b>COPY ROOM</b>				
68	Is there at least six square feet (three feet wide by two feet deep) of space in front of the copier?			
69	Is the paper cutter safe?  NOTE: This means that the guard is securely in place, the blade can be raised and lowered without resistance, the blade lock is functional, and the blade is left in the down position when not in use.			
70	Are staplers left in the normal closed (down) position when not in use and are they kept at least four inches from the edge of the work surface?			
71	Are all cabinet doors kept fully closed when access is not required?			

**NOTES:**

1. If you are in a County owned building, contact Facilities Management Department for corrective action(s) on identified facility deficiencies. If you are in a leased building, contact your landlord, property management company, and/or Buildings & Finance Department (of HSS). If the deficiency(ies) is/are not corrected within 60 days of identification, notify Steve Robles, Safety Officer by email. Send a courtesy copy of this notification email to Randy Frazier (for County facilities) or to David Slaughter, Real Estate Services, (for leased facilities).
2. Document corrective actions for each identified deficiency. This documentation includes (but is not limited to) who was notified and when, what corrective actions were proposed, when corrective actions were taken, if the corrective actions were only temporary, and when final corrective actions were complete. If corrective actions are not initiated within ten days of identification (and notification), record your follow-up actions.
3. Maintain this checklist (along with documentation of corrective actions for deficiencies) in the affected facility for two years *after the year in which the inspection is performed*. (If you perform the inspection in 2002, keep the checklist (and records of corrective actions for deficiencies) through December 31, 2004)

**FIRE PROTECTION SYSTEM  
INSPECTION CHECKLIST**

ITEM NUMBER	ITEM CHECKED	YES	NO	N/A
	<b>PORTABLE FIRE EXTINGUISHERS</b>			
1	<p>Are portable fire extinguishers securely mounted in their designated locations?</p> <p>Portable extinguishers must be hung on the hanger or bracket supplied or be placed in a cabinet or wall recess. Extinguishers with a gross weight of 40 pounds or less shall be installed so that the top of the extinguisher is not more than five feet above the floor. Extinguishers with a gross weight in excess of 40 pounds shall be installed so that the top of the extinguisher is not more than 3.5 feet (42 inches) above floor. The bottom of the extinguisher must be at least four inches above the floor. (T19 CCR 567)</p>			
2	<p>Are portable fire extinguishers conspicuously located along normal paths of travel where they will be readily accessible and immediately available in the event of a fire?</p> <p>In large rooms and in certain locations, where visual obstruction cannot be completely avoided, means shall be provided to indicate the fire extinguisher's location. (T19 CCR 567)</p>			
3	<p>When portable fire extinguishers are stored in cabinets, are the cabinets unlocked:</p> <p>In facilities occupied by the County of San Bernardino, when fire extinguisher cabinets are in areas accessible to the public, the cabinets may be locked. However, the keys must be immediately available. (T19 CCR 567.2)</p>			
4	Are all portable fire extinguishers inspected at least monthly by the building owner, occupant, or his/her authorized agent? (T19 CCR 574.1)			
5	<p>Do monthly portable fire extinguisher inspections include all the required items? (T19 CCR 574.2)</p> <p>The required inspection items are:</p> <ol style="list-style-type: none"> <li>Is the extinguisher in the designated location?</li> <li>Is extinguisher visibility or access obstructed?</li> <li>Are the operating instructions on the nameplate legible and facing outward?</li> <li>Are the safety seals and tamper indicators present and secure?</li> <li>Does the extinguisher have obvious physical damage, corrosion, leakage or a clogged nozzle?</li> <li>Is the pressure gauge legible and is the reading or indicator in the operable range or position?</li> <li>Is the annual maintenance tag securely in place? Is it current?</li> </ol>			
6	<p>When an inspection of any extinguisher reveals a deficiency, is immediate corrective action taken? (T19 CCR 574.3)</p> <p>In County owned buildings, the extinguisher will be labeled as out of order and the deficiencies will be reported to Facilities Management Department. In leased facilities, the extinguisher will be labeled as out of service and the deficiencies will be reported to the landlord or property management company. Extinguisher deficiencies should also be reported (by email) to Real Estate Services and, if applicable, the Building &amp; Finance Dept..</p>			
7	<p>Are the monthly portable fire extinguisher inspections documented?</p> <p>These monthly inspections can be recorded on the back of the annual service tag. This documentation can be limited to the date of the inspection and the initials of the person who performed the inspection. (T19 CCR 574.6)</p>			
8	<p>When the monthly portable fire extinguisher inspections identify deficiencies, are corrective actions documented? Is this documentation maintained?</p> <p>Documentation is required to include the name of the individual who identified the deficiency(ies), the identification of the portable extinguisher involved (by number or location), and the corrective actions taken. (T19 CCR 574.6)</p>			

**FIRE PROTECTION SYSTEM  
INSPECTION CHECKLIST**

ITEM NUMBER	ITEM CHECKED	YES	NO	N/A
	<b>PORTABLE FIRE EXTINGUISHERS (Continued)</b>			
9	<p>Are all portable fire extinguishers serviced annually?</p> <p>The date of the annual servicing is stamped into the perimeter of the annual service tag. If more than one year has passed since the last annual service date, contact Facilities Management Department or the landlord, as applicable. Servicing includes maintenance, recharging, and hydrostatic testing. Extinguisher servicing must be performed under a license issued by the State Fire Marshal. (T19 CCR 575)</p>			
10	Does each portable fire extinguisher have an attached annual maintenance tag? (T19 CCR 576.1)			
	<b>AUTOMATED FIRE EXTINGUISHING SYSTEMS</b>			
11	<p>Where present, are automatic fire sprinkler systems inspected as least quarterly?</p> <p>These inspections can be performed by any person designated by the building owner or occupant. [See fire sprinkler inspection checklist] (T19 CCR 904)</p>			
12	<p>Where present, are automatic fire sprinkler systems serviced at least every five years?</p> <p>Servicing is documented by installation of a tag on the system riser. (T19 CCR 904)</p>			
13	<p>Are (maintenance) inspection records maintained for at least five years?</p> <p>These records shall include the date of the inspection, the name of the person performing the inspection, the location of the inspection, the system inspected (sprinkler, etc.), and any deficiencies identified. (T19 CCR 904.1)</p>			
14	Where present, are standpipe systems inspected at least semi-annually and serviced every five years? (T19 CCR 904)			
15	<p>Where present, are fixed extinguishing systems service semi-annually and immediately after system activation?</p> <p>This type of systems includes dry powder systems for cooking areas in kitchens and flood systems (Halon or Carbon Dioxide) for other hazardous locations. These systems must be serviced by a licensed vendor. (T19 CCR 904)</p>			

**NOTE:** If you are in a County owned building, contact Facilities Management Department for corrective action(s) on identified deficiencies. If you are in a leased building, contact your landlord, property management company, and/or Buildings & Finance Department (of HSS). If the deficiency(ies) are not corrected within 60 days of identification, notify Steve Robles, Safety Officer by email. If you are in a leased building, send a copy of this email to John Yuhas at Real Estate Services.

Safety/docs/sftymnl/fire insp checklist

**AUTOMATIC FIRE SPRINKLER  
QUARTERLY INSPECTION CHECKLIST  
(Wet Pipe Systems)**

Department: \_\_\_\_\_

Address/Location \_\_\_\_\_

Date \_\_\_\_\_

ITEM NUMBER	ITEM CHECKED	YES	NO	N/A
	<b>FIRE DEPARTMENT CONNECTIONS</b>			
1	Are the inlet caps present?			
2	Are the couplings undamaged?			
3	Do the couplings rotate smoothly?			
4	Are the gaskets missing or deteriorated?			
5	Does the clapper valve close completely?			
6	Are the connections visible or are there exterior obstructions?			
7	Is there a sign to indicate the "Fire Department Connection"?			
	<b>CONTROL VALVES</b>			
1	Do the valves leak?			
2	Are the valves open and secured?			
3	Are the control valves visible or are they obstructed?			
4	Is the Post Indicator Valve (PIV) in the open position? Is the handle locked so that the valve cannot be closed?			
5	Is the Roadway Valve and/or Operating Stem and Yoke (OS&Y) valve open? Are they locked or chained in the open position?  NOTE: At some facilities, only a PIV will be accessible or there may not be a PIV and the OS&Y valve will be above ground.			
	<b>RISER</b>			
1	Does the riser leak?			
2	Is the riser visible or is it obstructed?			
3	Is the riser bracing damaged?			
	<b>GAUGES</b>			
1	Are the gauges damaged?			
2	Are the gauge valves open?			
3	Record the system pressure.			
4	Record the supply pressure.			
	<b>SPRINKLER HEADS</b>			
1	Are any sprinkler heads damaged, leaking, corroded, or painted?			
2	Is there anything to obstruct the flow from any sprinkler heads?  NOTE: This means that there must be a clear space of at least 18 inches below and around each sprinkler head.			
3	Are extra sprinkler heads and the proper wrench available?  NOTE: In an office occupancy, the sprinkler heads should all be stamped "135 degrees". The wrench must fit the sprinkler heads.			
4	Are the extra sprinkler heads the same rating as in the system?			
	<b>RESERVOIR</b>			
1	If present, inspect for damage and/or leaks.			

**AUTOMATIC FIRE SPRINKLER  
QUARTERLY INSPECTION CHECKLIST  
(Wet Pipe Systems)  
Page 2 of 2**

ITEM NUMBER	ITEM CHECKED	YES	NO	N/A
<b>ALARMS AND TESTS</b>				
1	Is the sprinkler and/or fire alarm system remotely monitored?  If the system is remotely monitored, does the Emergency Action Plan include the alarm monitoring company on the list of telephone numbers? If the system is NOT remotely monitored, does the Emergency Action Plan assign someone (and an alternate) to dial 911?			
2	Test the water flow alarms by opening the Inspector's Test valve.  NOTES: 1. If the system is remotely monitored, call the alarm monitoring system BEFORE you open the valve. Ensure that the water flow gong operates. If the system is remotely monitored, ensure that the monitoring company gets a water flow alarm signal. 2. Ensure that the Inspector's Test drain will drain to the outside. If the pipe ends inside the building, connect a hose to the end of the pipe and extend the hose out of the building.			
<b>STANDPIPES</b>				
1	Where there is only a hose connection (no hose), is the pipe capped, is there a gasket under the cap, are the hose connection threads in good condition, and is there a valve handle?			
2	Where there is only a hose connection (no hose), is the standpipe visible or is it obstructed?			
3	Where there is a hose, is it damaged by cuts, mildew, abrasion(s) or deterioration?			
4	Where there is a hose, is there also a nozzle that is connected to the hose? Is the nozzle gasket in good condition?			
5	Where there is a hose, is the hose rack or reel easy to move? Has it been damaged? Is the hose properly racked or rolled? Is the hose rack obstructed?			
6	If the hose reel or rack is in a cabinet, is the cabinet easy to open? Is the cabinet marked to indicate that it has fire suppression equipment?			
7	Are there any leaks in the standpipe plumbing, valve, connection, hose, etc.?			

**NOTES:**

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2. Document corrective actions for each identified deficiency. This documentation includes (but is not limited to) who was notified and when, what corrective actions were proposed, when corrective actions were taken, if the corrective actions were only temporary, and when final corrective actions were complete. If corrective actions are not initiated within ten days of identification (and notification), record your follow-up actions.
3. Maintain this checklist (along with documentation of corrective actions for deficiencies) in the affected facility for five years *after the year in which the inspection is performed*. (If you perform the inspection in 2002, keep the checklist (and records of corrective actions for deficiencies) through December 31, 2007).